



Membership Application Form

Annual membership fee:

Resident of Chateauguay: \$60.00

Non- Resident: \$80.00

Name: _____
(FAMILY NAME) (FIRST NAME) (MAIDEN)

Date of Birth: ____ / ____ / ____
DD MM YYYY

Address: _____ Apt: _____

City: _____ Postal Code: _____

Phone (____) ____ - _____ Email: _____

Cell: (____) ____ - _____

How would you like to be contacted: Phone: E-Mail

AGE RANGE (please circle)

55-59 60-69 70-79 80+

Person to contract in the event of an emergency (friend or relative)

Name: _____ Phone Number(____) ____ - _____

Where would you like to volunteer

Kitchen _____ Office _____ Hall setup _____

Signature _____ Date: ____ / ____ / ____

By signing and completing your registration with the 55+ Centre- Chateauguay, you agree to the occasional use of photos of events and activities for publicity purposes. These images may be used on our social media platforms, printed material and marketing materials.