



Membership Application Form (Residents)
Annual membership fee: \$60.00 2023/24 season

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

Date of Birth: ____ / ____ / ____

Address: _____ Apt: _____

City: _____ Postal Code: _____

Phone (____) ____ - _____ Email: _____

Cell: (____) ____ - _____

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

Name: _____ Phone Number(____) ____ - _____

Would you like to volunteer: Hall () Office () Kitchen ()

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.

FOR OFFICE USE ONLY:

Paid by : Cash Cheque Debit/Credit Entered on Wix