



Membership Application Form

Annual membership fee: \$60.00 2022/23 season

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

Date of Birth: ____ / ____ / ____

Address: _____ Apt: _____

City: _____ Postal Code: _____

Phone (____) ____ - _____ Email: _____

Cell: (____) ____ - _____

City Passport No: _____ Exp: date: _____

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(____) ____ - _____

Would you like to volunteer: _____

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.