

SENIORS WELLNESS SOCIETY MEMBERSHIP FORM

Application Information	
Name:	Phone:
Address:	Postal Code:
E-mail:	
<input type="checkbox"/> Membership (\$40.00 membership is for 1 year from purchase date)	
<input type="checkbox"/> Drop-In (depends on session)	<input type="checkbox"/> Volunteer (4 hrs a month) \$15.00
(\$40.00) Membership Includes: <ul style="list-style-type: none"> Learning in Retirement sessions Society Newsletter Special event invites Free admission to speakers for the Seniors Symposium 	(depends on session) Drop-In: <ul style="list-style-type: none"> Learning In Retirement Sessions Notification on up-coming session by E-mail.
<i>Opportunities for membership participation</i>	
Let us know which volunteer opportunities you would be interested in below.	
Study Group Leader <input type="checkbox"/>	Friendly Visitor <input type="checkbox"/>
Receptionist <input type="checkbox"/>	Seniors Symposium <input type="checkbox"/>
<i>How did you find out about us?</i>	
<input type="checkbox"/> Penticton Western Newspaper <input type="checkbox"/> Penticton Herald Newspaper <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other	
Signature:	Date:
Privacy Policy: The Seniors Wellness Society, collects your information for the sole purpose of notifying you of up-coming Learning in Retirement sessions, newsletters, Friendly Visitor and Seniors Symposium information. The SOSWS does not give out your private information to any other person or organization.	
Membership Exp Date: _____	
Membership Card #: _____	