

# LEARNING IN RETIREMENT MEMBERSHIP/ FORM

Application Information	
<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Postal Code:</b>
<b>E-mail:</b>	
<input type="checkbox"/> <b>Membership (\$40.00 membership is for 1 year from purchase date)</b>	
<input type="checkbox"/> <b>Drop-In (depends on session)</b>	
<b>(\$40.00) Membership Includes:</b> <ul style="list-style-type: none"> <li>Learning in Retirement sessions</li> <li>Society Newsletter</li> <li>Special event invites</li> <li>Free admission to speakers for the Seniors Symposium</li> </ul>	<b>(depends on session) Drop-In:</b> <ul style="list-style-type: none"> <li>Learning In Retirement Sessions</li> <li>Notification on up-coming session by E-mail.</li> </ul>
<b><i>Opportunities for membership participation</i></b>	
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"/>
<b><i>How did you find out about us?</i></b>	
<input type="checkbox"/> Penticton Western Newspaper <input type="checkbox"/> Penticton Herald Newspaper <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other	
<b>Signature:</b>	<b>Date:</b>
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.	
<b>Membership Exp Date:</b> _____	
<b>Membership Card #:</b> _____	