

**MEMBERSHIP APPLICATION FORM**

Annual Membership fee is $90.00

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| **First Name:** | **Last Name:** |
| **Name of Residence (If Applicable):** |
| **Address:** |
| **City:** | **Apt/Suite #:** | **Postal Code:** |
| **Home Phone:** | **Cell Phone:** |
| **Email:** |
| **Date of Birth (DD/MM/YEAR):** |

**EMERGENCY CONTACT**

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| --- | --- |
| **First Name:** | **Last Name:** |
| **Address:** |
| **City:** | **Apt/Suite #:** | **Postal Code:** |
| **Home Phone:** | **Cell Phone:** | **Work Phone:** |
| **Email:** |
| **Relationship to Member:** |

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| **Notes/Comments:** |

***NOTE: ANY CANCELLATIONS OR CHANGES ARE NON-REFUNDABLE AND NON-NEGOTIABLE.***

Note: Cheques can be made out to “Seniors on Wheels”. Clients will be Billed on the First of the Month for Full Month of Services and are Non-Refundable.