

**MEMBERSHIP APPLICATION FORM**

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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):** |

Membership fee is $100.00

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| --- |
| **Afternoon Pick up Address:** |
| **Drop-off organization/location Name:**  | **Phone#:** |
| **Address:**  |

***Starting date: Days that services are needed:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon: □** | **Tues: □** | **Wed: □** | **Thurs: □** | **Fri: □** |

|  |
| --- |
| **Notes/Comments:** |

**EMERGENCY CONTACT**

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

***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.