

MULSIMS SENIOR CIRCLE OF NIAGARA (MSCN)

MEMBERSHIP FORM

Please print clearly on the form

Title: Mr Mrs Ms Dr

Full Name: _____

Address: _____

City: _____ Postal Code: _____

Contact Number: (____)-____-____

Email: _____

Language(s) you speak:

English French Urdu Arabic Other(s) _____

Are you age 55 and over? Yes No

Do you have someone age 55 or over living with you? Yes No

Do you have any health issues or limitations? Yes No

If you answered yes, please explain: _____

MSCN offers free membership for all men and women of age 55 or over to engage in variety of events and activities to help maintain overall well being of our valued seniors.

Your information will only be used for the purpose of MSCN record and will not be shared with any other organizations without your consent.

Signature _____

Date _____

For more information,
Call: (905) - 682 - 1374
Email: mscn.media@gmail.com