

**Killaloe Seniors Friendship Club
MEMBERSHIP APPLICATION**

KILLALOE FRIENDSHIP CLUB

If returning by mail please send to:
Killaloe Seniors Friendship Club
Membership Coordinator
PO BOX 22, Killaloe ON K0J 2A0



The Voice of Killaloe & Area Seniors. Seniors Helping Seniors.

PLEASE PRINT

DATE: _____

DATE OF BIRTH: _____ / _____ / _____
year month day

NAME: _____

ADDRESS: _____

TELEPHONE: _____ CELL: _____

EMAIL: _____

MEMBERSHIP DETAILS *Please check applicable boxes*

Age 50+ New Member \$10. Renewal \$10.

Payment received for membership year: 20____ cash cheque other: _____

For office use only

VOLUNTEERING OPPORTUNITIES – Seniors Helping Seniors *Please check applicable boxes*

I am interested in volunteering I can commit approx _____ hours per month

I would like to lend a hand with:

- Events
- Socials
- Luncheons/Suppers/Events
 - Set-up team
 - Clean-up team
 - Food prep I have Food Safe certification
 - Serving food
- Office: Computer skills/Word/Excel/Email
- Board of Directors
- Work with a Committee
- Chair a Committee
- Other: _____

Which of the following Friendship Club activities, socials or events would you consider attending or participating in?

Please check applicable boxes and/or add your own ideas in "Other"

- Walking Club (meets weekday mornings, Tuesday and Thursday mornings: Killaloe Village 1-hour walk)
- Slower Paced Walking (low impact, slower pace, shorter distance)
- Fitness or exercise classes I prefer low impact exercises
- Laughter for Health (breathing, stretching, laughter)
- Lessons/Classes/Workshops: Creative Arts Theatre/Acting Music Dance
- Other Lessons/Classes/Workshops: _____
- Euchre
- Bridge
- Board Games
- Movie Matinees at the Clubhouse
- Bus trips - Where would you most like to go on a bus trip? _____
- Shopping trips - Where would you most like to shop? _____
- Monthly Lunches (First Thursday of the month)
- Movie and a Pizza (Last Sunday of the month)
- SnoFun Bake Off (February)
- Members BBQ (July)
- Irish Tea Party (August)
- Christmas Party (December)
- Other activities: _____

SKILLS AND INTERESTS

Tell us a bit about your skills, interests or hobbies:

Are you interested in leading a class or workshop in your field of interest? Yes No

Tell us about a class, workshop or other activity you'd like to lead or attend:

INFORMATION SHARING

From time to time we are asked to share member contact information with other area seniors' organizations or agencies that offer services or activities for seniors. i.e.: CRC Seniors Active Living Centre.

We will not share your information without your consent. Please check one of the following:

- YES, I consent to my contact information being shared with seniors-oriented organizations/agencies
- NO, I do not want my contact information shared

Member signature: _____