



Kanata Seniors Council Inc.  
2500 Campeau Dr.,  
Kanata, ON, K2K 2W3

# Membership Application Form

**Note: All information provided on this form is confidential**

**Please Print**

**Last Name:** .....

**First Name:** .....

**Address :**..... **Apt.:** .....

**City:** ..... **Postal Code:** .....

**Phone #:** ..... **E-Mail:**.....

Are you interested in volunteering in any of the following areas? Please circle:

- |                      |                     |              |             |
|----------------------|---------------------|--------------|-------------|
| Advocacy             | Outreach            | Health Team  | Grants      |
| Computer Training    | Sponsorship         | Newsletter   | Travel Team |
| Council Events Team  | Café                | Board Member | Finance     |
| Centre Advisory Team | Communications & PR |              |             |

Are there any activities not listed above that you think our members would be interested in?

.....  
.....

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am informed that the information on this form will not be shared or provided to any other organization or agency and that any photographs taken at Seniors Council activities may be posted on the web site, the newsletter or the bulletin board. I have been given a copy of the Code of Conduct and agree to abide by this code.

