



NORTH CENTRAL
SENIORS ASSOCIATION
College Heights Prince George

MEMBERSHIP APPLICATION

*Name: *Phone:	*Address:												
*E-Mail:	Wedding Anniversary:(mm/day/year)												
Birthdate: (mm/day/year)	*Emergency Contact & Telephone #: *Relationship to you:												
How did you hear about NCSA:													
Hobbies and Interests:													
I am interested in (check all that apply): <table><tr><td><input type="checkbox"/> Art Group</td><td><input type="checkbox"/> Monthly Birthday Tea/Music/Dancing</td></tr><tr><td><input type="checkbox"/> Breakfast Club</td><td><input type="checkbox"/> Canasta</td></tr><tr><td><input type="checkbox"/> Crafts</td><td><input type="checkbox"/> Crib</td></tr><tr><td><input type="checkbox"/> Monthly Lunches</td><td><input type="checkbox"/> Photo Club</td></tr><tr><td><input type="checkbox"/> Pool</td><td><input type="checkbox"/> Scrabble</td></tr><tr><td><input type="checkbox"/> Tai Chi</td><td><input type="checkbox"/> Yoga</td></tr></table> Suggestions for other activities:		<input type="checkbox"/> Art Group	<input type="checkbox"/> Monthly Birthday Tea/Music/Dancing	<input type="checkbox"/> Breakfast Club	<input type="checkbox"/> Canasta	<input type="checkbox"/> Crafts	<input type="checkbox"/> Crib	<input type="checkbox"/> Monthly Lunches	<input type="checkbox"/> Photo Club	<input type="checkbox"/> Pool	<input type="checkbox"/> Scrabble	<input type="checkbox"/> Tai Chi	<input type="checkbox"/> Yoga
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Expertise and Skills:													

Date _____ Signature: _____ Payment Amount: _____ ****Required***

Membership is \$15.00 per year for those 50 to 79, \$7.50 for those 80 and over. Fees due on January 1st each year. All information is confidential and will only be used for Association business. It will not be shared outside of the centre.