



Bayshore Seniors' Club

MEMBERSHIP APPLICATION

(Please Print)

For Office Use Only: Date Joined _____

Initial Call Made ☐ Payment Received ☐ Computer Entry ☐ Honorary ☐ or Lifetime Member ☐

Last Name: _____ **First Name:** _____

Phone: _____ **Are you a veteran:** ☐

Home Address: _____

_____ **Postal Code:** _____

Mailing Address (if different than above): _____

_____ **Postal Code:** _____

Winter Address (if different than above): _____

_____ **Postal Code:** _____

Winter Phone: _____

Email address: _____

Date of Birth (mmm/dd/yyyy)

Anniversary (mmm/dd/yyyy)

Next of Kin (excluding spouse): _____ **Postal Code:** _____

Pertinent Medical Information: _____

Former Occupation: _____

I will gladly help with set-up/social once a year: YES ☐ NO ☐