

WINDSOR-ESSEX PROBUS CLUB

Membership Application



OUR CLUB MISSION

To provide opportunities for friendship, fellowship and fun for retired and semi-retired people through meetings, guest speakers, interest group activities and social events throughout the year.

PLEASE PRINT

LAST NAME: _____ FIRST NAME: _____

Address: _____
(City) (Postal code)

Date of Birth: Month _____ Day _____ Year (optional) _____

Home Phone: (____) _____ Cell Phone: (____) _____

EMAIL: _____

Emergency Contact: _____
(Name and Phone number)

PLEASE INDICATE HOW YOU WOULD BE WILLING TO CONTRIBUTE:

- | | |
|--|--|
| <input type="checkbox"/> Management Board: Various positions | <input type="checkbox"/> Plan & assist with regular activities |
| <input type="checkbox"/> Preparation of coffee/tea at meetings | <input type="checkbox"/> Special events planning |
| <input type="checkbox"/> Recruit speakers for meetings | <input type="checkbox"/> Preparation of Monthly Newsletter |
| <input type="checkbox"/> Welcome desk Greeter for meetings | <input type="checkbox"/> Assist membership development |
| <input type="checkbox"/> Other minor roles as needed | |

How did you hear about us? _____

Social activities, Hobbies and Interests: _____

Former or Current Vocation / Profession: _____

Have you previously been a member of a PROBUS Club? Y N Which one? _____

Member Dues: \$50 Annual Fee.

e-transfer Payments should be sent to: payments@WindsorEssexProbus.com

Information gathered by the Windsor-Essex Probus Club will only be used for club purposes including planning, activities, events, newsletters, membership directory, activity lists or sharing on member-only sections on the club website and/or selected social media sites.

I consent to the collection of my personal information, presentations and photographs gathered by the Windsor-Essex PROBUS Club. I understand it is my responsibility to inform the photographer if I do not want my photograph taken at events.

I will not use or share member information for purposes other than Club business.

Signed _____ Dated _____

Office Use Only

Application Received DATE _____ E-Transfer _____ Cheque _____