



# Application for Membership

## Niagara Southcoast PROBUS Club

***I hereby apply for membership of the Niagara Southcoast PROBUS Club.***

*The current annual subscription is **\$60.00** per person and a **\$25.00** one time cost (includes your magnetic name tag, insurance and registration with Probus Canada). Annual subscription fees are non-refundable.*

*Payment can be made via eTransfer to [southcoastprobus@gmail.com](mailto:southcoastprobus@gmail.com) or by **CASH** or **CHEQUE** at a meeting.*

**SURNAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**FORMER VOCATION or FIELD OF INTEREST:** \_\_\_\_\_

**HOBBIES:** \_\_\_\_\_

**BIRTHDAY MONTH (optional):** \_\_\_\_\_

**Current Location:** The Club meets at The Guild Hall, 72 Charlotte Street, Port Colborne, ON, L3K 3C8 on the 4<sup>th</sup> Wednesday of each month starting at 10:00 am, with the doors open at 9:30 am for coffee and conversation.

I hereby give permission for my personal contact information to be shared with the members of the  
**Niagara Southcoast PROBUS Club** \_\_\_\_\_ Yes \_\_\_\_\_ No

I consent for **Niagara Southcoast PROBUS Club** to publish my photo in their Newsletter and not be used for any commercial purpose. \_\_\_\_\_ Yes \_\_\_\_\_ No

**PRIVACY STATEMENT:** Applicants should be aware that the personal information provided herein will be used for membership lists, phone committees and other Niagara Southcoast PROBUS Club activities. Such information will otherwise be kept confidential and will not be used for commercial or political purposes.

PROBUS is run by volunteers. Would you be interested in volunteering? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like to be on the executive for this new club? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you belong to another PROBUS club? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to the previous question, which PROBUS Club do you currently belong to?

\_\_\_\_\_

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

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