

PROBUS Club of Alliston



Application for Individual Membership ☐ [Check here or]

Application for Dual Membership ☐ [Check here]

I/We wish to make application for membership in the PROBUS Club of Alliston. I/We will be contacted regarding what fees are due upon acceptance.

Our Club meets on the 2nd Tuesday of each month from 10:00 am to Noon at the Nottawasaga Inn, Highway 89, Alliston.

Badge Type: Please select () Pin or () Magnet (choose pin if pacemaker)

Name(s)

Name you wish to be known by.....Spouse's First Name.....

Mailing Address.....

Town.....Postal Code.....Telephone.....

email address(es) or friend's email address (for membership list and monthly online newsletter)

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Former vocation & areas of interests

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I would be interested in hearing about volunteer opportunities. YES NO

Email picture or scan of application to probuscluballiston@gmail.com or deliver to:

Mary Willard 58 Via Amici, Alliston, ON L9R 2C4 705-435-3559 or

Sheila Garriock 17 Forest Link, Alliston, ON L9R 2A1 705-435-0562

In accordance with the Privacy Act, personal information will be restricted to use within the Probus Club of Alliston. I DO agree that any picture taken of me during a PROBUS event may be published in the PROBUS Reporter, Website or Facebook page.

Signature of Applicant.....Date.....

Sponsor..... [Current PROBUS Member]

09/25 For office use only:

Date Received Cheque Cash Amount \$

Welcomed