



The purpose of the Seniors Friendship Club is: to arrange for or to offer educational, cultural, recreational and social programs and to advocate for services which will enhance the quality of life and provide fellowship for seniors in the upper Ottawa Valley

APPLICATION FORM FOR THE
SENIORS FRIENDSHIP CLUB

First Name: _____ Last Name: _____

Street Address: _____ PO Box _____

City: _____ Postal Code _____

Phone: ____ - ____ - ____ E-mail: _____

Date of Birth: _____

Do you have any health issues (allergies, heart conditions, seizures, etc.) that the club should be aware of: _____

Emergency Contact: _____ Phone: ____ - ____ - ____

Membership fee: \$20.00 for the year Sept 1, 2019 to Sept 30, 2020

Payment method: Cash Cheque

Interests: Workshops Out of town Trips Movie Nights Other Leisure activities

Please suggest others:

Do you have any skills that you could share with others?

Are you willing to help run or organize an activity?

Signature: _____ Date: _____

I consent to SFC activity photos, in which I may appear, to be publicized on the SFC Facebook page, SFC website and SFC brochure.

Club contacts: Rolland Kelly 613-584-3819, Membership: Ann Serdula 613-584-2238
Mail to Box 1207, 236 Thomas St., Deep River, ON K0J 1P0