

MEMBERSHIP FORM

DATE: _____

180 Poplar Avenue, Winnipeg, MB, R2L 1M1

Annual Membership Renewal Fee is \$50 (Fee covers: Kildonan Active Living Centre) BOTH LCAG + EEKALC FORMS ML	
Registration Options: NEW 1. Mail in + cheque 2. Online + etransfer 3. Drop into LCAC GM in September + cash, cheque, etransfer, or Square	G Mailbox in art room + cash/cheque 4.
Payment options: Cheque: made out to Local Colour Art Group; Cash: in per Transfer: localcolourart@gmail.com (Please make only ONE payment for \$50)	rson only; E-
Name:	email:
Address:	
Postal Code:	Phone #:
FB name: IG name:	
Has your address, phone number or email changed sin	ce last year? Yes No
NOTE: Local Colour Art Group does not assume responsibilit for any claims, demands, damages, actions or causes of actions arising out of or in consequence on any loss	NEW
injury or damage to any person incurred while attendir at or participating in activities organized, sponsored or carried out by Local Colour Art Group.	ng Cash
PLEASE SIGN BELOW	Date Processed:
Signature:	

MAIL IN OPTION to:

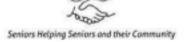
LINDA MCCALLUM 50072 MUN 22E

Member Registration Form Revised: June 2024

Phone: 204-669-0750 180 eekalc@gmail.com Winnipeg,

Elmwood - East Kildonan Active Living Center

Poplar Avenue Email: MB, R2L 2C3



MEMBERSHIP FORM

Annual Membership is \$20

<u>General information</u>				
Last name:	First name:	Da	te of Birth:	(month/day/year)
<u>Mailing Address</u>				
Address:	Apt. #:	City:	Postal Code:	
Contact information				
Email:		Home phone number	r:	
Cell number:			For Office Use Only:	
Emergency Contact			20: New Member Date Received:	
Last name:	<u> </u>			
First name:			20: New Member	
Relation to you:			Date Received:	
Phone number:			20: New Member Date Received:	
<u>Health information</u>				
Allergies:				
Health conditions that you would like t	to disclose:		Activities	
License Plate:	Make	and Model of Vehicle:		

Please check any g	roups that you are participating in:
Bingo	
Billiards/Pool	
Canasta	
Carpet Bowling	
Darts	
EK Café	
Floor Curling	
Local Colour Ar	t Group
Men's Shed	
Tai Chi	
Wood Carvers	
Women's Wood	working
Woodshop Droj	o-in
Yoga	
<u>Volunteer Applicatio</u>	<u>om</u>
I act name:	First name:
Last Hame.	First flame.
Preferred name:	Date of Birth:
T. T.	
What are your spec	ial skills, interests, or hobbies?:
•	Governance: Board of Directors
Special Events:	
_	Teaching a workshop
Communications:	Sending cards/calling members
	Room set-up/clean-up Yard Work
Food Services:	Café/Lunches Special Events Frozen meal aid