



PROBUS CLUB OF CAMBRIDGE RIVERSIDE
PROBUS MEMBER RENEWAL FORM 2017-2018

Please print:

NAME: _____

DATE: _____

Please indicate if you will be 90 years of age by September 1, 2017 by ticking box.

PLEASE FILL OUT THE FOLLOWING
WE NEED YOUR INFORMATION EVERY YEAR

Address:

 (Unit & Street)

Phone number: (____) _____

 (City) (Postal Code)

Email Address: _____

• I was introduced to PROBUS by (member name): _____

• Would you be interested in serving on a committee? Circle one: **YES / NO**

• Please choose how you wish to receive your newsletter:

___ #1 – By email – please print your email address: _____

___ #2 – Pick up your personal copy at the next meeting.

___ #3 – Send (or supply) 10 stamped self-addressed envelopes to: GLORIA COPPES
 49 GUNN AVE. CAMBRIDGE
 N3C 3V8

I consent to the use of my personal information gathered here for use exclusively by the WOMEN'S PROBUS CLUB OF CAMBRIDGE RIVERSIDE. I consent to the publication of my image (if photographed) in the Club newsletter.

Signed: _____

Bring this form with your cheque for \$65 to the meeting in June, payable to:
 PROBUS CAMBRIDGE RIVERSIDE. To be on the membership list given to members in
 October, payment must be received by **August 31. CHEQUE ONLY PLEASE!**
CHEQUE MAY BE DATED FOR SEPTEMBER 1, 2017.

Or mail the form with your cheque to: Stasia MacLeod, Probus Membership Chair
 139 Westcliff Way
 Cambridge ON
 N1S 4Y6

For Membership Chair use only: Cheque # _____ received receipt # _____ issued