

**CORDOVA BAY 55 PLUS ASSOCIATION  
MEMBERSHIP APPLICATION**

Annual Membership: January 1 – December 31

GOLDEN MEMBER? (Over 90 years old) Yes No



**LOCATION & CONTACT INFORMATION**

#1- 5238 Cordova Bay Road,

Victoria, BC V8Y 2L2

Phone: 250 658-5558

Email: cb55@shawbiz.ca

Web: cordovabay55plus.org

**Contact Information:** Please print

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

If no email, do you wish to be phoned? Yes No

**Emergency Contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please list your skills, knowledge, expertise, hobbies and interests:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**The Cordova Bay 55+ Association depends on volunteers in many areas of the organization.  
Please indicate your availability to volunteer below, by checking "Yes" or "No".**

YES, I would be interested in volunteering.  
Thank you. The Volunteer Coordinator will contact you.

NO, I am not available at this time.

Would you like to order a **Magnetic Name Tag** for \$7.00? (Can be ordered later) Yes \_\_\_\_\_ No \_\_\_\_\_

**Office Use Only:**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ Receipt #: \_\_\_\_\_

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Contact Information will be handled in accordance with the **Personal Information Protection Act (PIPA)**.  
The information provided will be included in a Membership List which may be made available to other members for use in  
CB55+ Association sponsored activities, programs or courses.

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