

Membership / Donation Form

Lennox & Addington Seniors Outreach Services Inc.

 New
 Renewal

Date _____

Name _____ D.O.B. ____/____/____
 First Name Initial Last Name dd mm yyyy

Spouse/
Partner _____ D.O.B. ____/____/____
 First Name Initial Last Name dd mm yyyy

Address _____
 Street, Box No, RR#

Telephone _____ E-Mail _____


Please Read:



- A membership is required in order to participate in the Social Activities at the 55+ Activity Centre and to be able to vote at the SOS Annual General Meeting.
- A membership is NOT required in order to receive Meals on Wheels, Foot Care, Social Diners, Transportation, Adult Day Care, Respite Care, Library or Grocery Delivery.

	1Year	2Year
Single	\$30	\$55
Household	\$55	\$95
Membership:	\$ _____	
Donation:	\$ _____	
*Mailing:	\$ _____	
Total:	\$ _____	

Could accommodate monthly donations

Cheque enclosed payable to L&A Seniors Outreach Services

 Interac available at SOS office

Number: _____

Please contact me regarding a planned giving/bequest contribution

Expiry date ____/____/____ 3 Digit Secure Code
 From back of card _____
 Signature: _____

*Reaching Out mailing costs: Canada \$15/yr. Outside of Canada \$36/yr.

Donations are appreciated. A charitable donation receipt for income tax purposes will be provided. **Charitable Registration #119013316RP001**

Feel free to visit us at our centre for a tour!
 We are open Monday to Friday from 8:30am to 4:30pm.

L&A Seniors Outreach Services protects its members through our privacy policy.

L&A Seniors Outreach Services
 310 Bridge Street West, Suite D01
 Napanee, ON K7R 0A4

Tel: 613-354-6668
 Toll free: 1-800-991-0141

Fax: 613-354-6770
 www.lasos.ca
 info@lasos.ca

55 Plus Activity Centre 613-354-8740



CONSENT AND INFORMATION FORM

PLEASE PRINT

Name : _____

Address: _____

Telephone: _____

1st Emergency contact: _____ Telephone _____

2nd Emergency contact: _____ Telephone _____

Are you affected by any of the following medical / health problems?

Diabetes: Yes__ No__ Other_____

Arthritis: Yes__ No__ _____

Heart condition: Yes__ No__

High blood pressure: Yes__ No__

*It is recommended that you discuss any exercise program with your Doctor before you begin. SOS volunteers, staff, and board are not liable for any damages or injury of any type while participating in any exercise program. If you agree, please sign below.

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____