

KNIGHTSBRIDGE SENIORS CLUB

INFORMATION RECORD

PLEASE PRINT

| | |
|---|--|
| Date joined: _____ | Current year – Membership |
| <i>Year</i> | <u>No.</u> |
| Name: _____ | _____ |
| <i>FIRST</i> | <i>LAST</i> |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Address: _____ | |
| Apt./Unit No.: _____ | City: _____ |
| Province: _____ | Postal Code: _____ |
| Home Phone No.: _____ | Cell #: _____ |
| Email address: <i>(please provide if you have one):</i> _____ | |
| Date of Birth: _____ | <i><u>Day / Month / Year</u></i> |
| Name of next of Kin – or - Contact Person: _____ | |
| Relationship of contact person: _____ | |
| Home Phone No. _____ | Cell #: _____ |
| Address: _____ | |
| _____ | |
| Name of Doctor: _____ | |
| Phone No.: _____ | Health Card #: _____ |
| <i>Any health problems we should be aware of, in case of emergency ONLY?</i> | |
| _____ | |
| Hobbies: _____ | |
| _____ | |
| Profession before retirement: _____ | |
| _____ | |
| How did you hear about the Club? _____ | |
| _____ | |
| Are you willing to Volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| <i>IF Yes, please specify areas of interest:</i> _____ | |
| _____ | |
| Other areas of interest – or – suggestions how we can improve our events or activities: | |
| _____ | |
| _____ | |