



Seniors Resource Centre Salmon Arm Society
Membership Application Form
2025

Date: _____

NAME: _____ New Member _____

or Renewal _____

MAILING ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE(s): _____

Email address: _____

MEMBERSHIP \$10.00 \$ _____
Per Person

DONATION - Thank you! \$ _____

TOTAL \$ _____

For Receptionist Use Only

Receipt given _____
Card given _____

* We are a federally registered charitable organization. Good until December 31, 2025

