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| --- | --- |
| **ORGANIZATION MEMBERS:**  Organization: | **INDIVIDUAL MEMBERS**:  NAME: |
| ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROV: \_\_\_  POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROV: \_\_\_\_  POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EMAIL: | PHONE # |
| WEBSITE:  EMAIL: | EMAIL: |
| CONTACT PERSON:  CONTACT PHONE # | INTERESTED IN VOLUNTEERING  Yes \_\_\_ No \_\_\_  IF so in what area: |
| COMMUNITY GROUP FEE: $50. \_\_\_  BUSINESS FEE: $100. \_\_\_ | INDIVIDUAL FEE - $10  RECEIPT - Yes \_\_\_ No \_\_\_ |

**Please note: Membership is valid January 1 through December 31 of the calendar year.**

**Completed form and cheque can be mailed to:**

North Cariboo Senior’s Council

Suite 102, 246 St. Laurent Avenue, Quesnel BC V2J 2C9

Contact NCSC at:

Phone: 250-991-0510

Email:

[**info@caribooseniorscouncil.org**](mailto:info@caribooseniorscouncil.org)