



MONTREAL WEST 50+ CLUB

Membership Application

Today's Date :	
First Name	
Last Name	
Maiden Name	
Date of Birth	
Address, City Postal Code	
Telephone Number	
Email address	
How did you hear about the club?	
Interests	<input type="checkbox"/> Museums <input type="checkbox"/> Restaurants <input type="checkbox"/> Theatre <input type="checkbox"/> Winery, Brewery <input type="checkbox"/> Art Shows <input type="checkbox"/> Cheese Factories <input type="checkbox"/> Boat cruises <input type="checkbox"/> City Tours <input type="checkbox"/> Cultural Tours <input type="checkbox"/> Garden visits <input type="checkbox"/> Classical Music <input type="checkbox"/> Casino <input type="checkbox"/> Dance shows <input type="checkbox"/> Tea Parties <input type="checkbox"/> Speakers <input type="checkbox"/> other <hr/> <hr/> <hr/>