



Membership Application

Name: _____

Renewal _____ New Application _____

Address (if new or change of address)

Phone: _____

E-mail: _____

Would you like to receive the Sourdough Chronicle by email? _____

Would you like to receive other information periodically by email? _____

If you wish to have your Birthday published in the chronicle please provide your
Birth date. _____

Date

Month

Membership entitles you to 4 quarterly newsletters and full voting privileges (if in the Yukon) at the AGM.

Membership fee is \$10/year per person (Mar. 31 –April 1 the following year)

Please remit your payment to:

Yukon Council on Aging

4061B 4th Ave.

Whitehorse, Yukon Y1A 1H1

Ph: (867) 668-3383

E-mail: ycoa@yknet.ca

Send e-transfers to: ycoabookkeeping@yknet.ca

Office hours – Monday to Friday: 9 am to 1 pm.

For office use:

Receipt number _____ Amount paid _____ Expires Mar.31, 20 _____

Office Entered date _____ General member _____ Associate member _____