



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

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 _____

