



# Membership Application

Name: \_\_\_\_\_

Renewal      New Application

Mailing Address:

Street or P.O Box: \_\_\_\_\_ Apartment: \_\_\_\_\_

City or Town: \_\_\_\_\_

Territory or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year / Month / Day

Please include my name in the Sourdough Chronicle Newsletter birthday announcements.

I prefer to receive the **Sourdough Chronicle** by Post  or Email

**Membership** entitles you to receive our newsletters, and full voting privileges at the Annual General Meeting (for members in Yukon).

**The membership fee is \$15/year per person.**

(April 1<sup>st</sup> to March 31<sup>st</sup> the following year)

Please remit your payment to:

**Yukon Council on Aging  
4061B 4<sup>th</sup> Avenue  
Whitehorse, Yukon Y1A 1H1**

**OR**

**Interac e-Transfer (call for details)  
Call toll free 1-866-582-9707  
Or (867) 668-3383**

**Office Hours:** Monday to Friday: 9:00 am to 1:00 pm.

**Closed on Holidays.**

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**For office use only:**

**Receipt Number:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Membership Expires: March 31, 20**\_\_\_\_\_

**Entered**  **Date:** \_\_\_\_\_  **General Member**  **Associate Member**

February 29, 2024