



Application for New Members
Change of Info for Renewing Members
01 September 2016 – 31 August 2017

Member 1 Name: _____

Email address: _____

Member 2 Name: _____

Email address: _____

For New Members Only (or to note changes in information)

Address Apt/Unit: _____ Street Address _____

City: _____ Postal Code: _____

Phone No.: (613) _____

Birth Month & Year (CONFIDENTIAL: for funding statistics only)

Member 1: Month _____ Year: _____

Member 2: Month _____ Year: _____

Membership Fee: **\$36** per person. Please make cheque payable to **AJA 50+**.

If you are sending *this form only*, please attach cheque and send to: **Dan Sigler**

**56 Charing Rd.
Ottawa ON K2G 4E8**

If you are *including a program registration form* with this form, please attach cheque for combined amount, and send to:

Flo Morgan

**59 Beaver Ridge
Ottawa ON K2E 6E2**

{For AJA internal use: MembFee accepted by: _____ Date: _____}