

MEMBERSHIP APPLICATION FORM

Date: _____

I hereby apply for membership in the Probus Club of Muskoka Lakes ("PCML"):

Personal Contact Information:

Surname: _____ Given Name: _____
Address: _____ Town: _____
Mailing Address: _____ Postal Code: _____
Telephone: _____ Previous Occupation: _____
e-Mail Address: _____

The undersigned agrees: his/her personal contact information above can be included in any PCML membership list(s) distributed to PCML members; and, PCML membership list(s) and any personal contact information of Members shall be used only for personal, private, non-commercial purposes and all PCML club purposes.

Are you a member of another Probus Club? _____

The success of our club is based on participation of all members. We invite you to assist and/or lead "PCML" club activities. We would welcome your commitment and involvement by presenting your biography, becoming an Interest Group leader, joining the Special Events committee or the Program committee, or accepting a role on the Management team.

Please note that from time to time we will take pictures with the intent of publishing them in our monthly newsletter or on our website. It will be assumed, unless otherwise notified to the contrary, that you agree to have your photo published.

Applicants Signature (required)

Sponsor's Signature (required)

Note: PCML meets on the third Tuesday of each month at 10:00 am until 12:00 noon at the Rotary Centre for Youth, 131 Wellington Street, Bracebridge. A fee of \$2.00 is collected at each meeting to defray meeting costs.

Initiation Fee: \$20.00 per member – payable when application is accepted
Annual Dues: \$45.00 per member

Makes cheques payable to **The Probus Club of Muskoka Lakes**
Mailing Address: Box 83, Bracebridge, ON, P1L 1T5

For PCML use only:

Dates: _____
App rec'd by M'ship Chair App approved Applicant inducted

Initiation rec'd () Annual Dues rec'd () Cheque () Cash () Receipt No. _____

Signature: Membership Chair

Signature: Treasurer