



**PROBUS CLUB OF CLARINGTON
MEMBERSHIP APPLICATION**



PLEASE COMPLETE THE FOLLOWING (Please Print Clearly)

Name _____

Address _____ City _____

Postal Code _____ Telephone _____ E-Mail _____

Social activities, hobbies & interests _____

Former Vocation _____

How did hear about PROBUS? _____

- I am interested in helping on a committee or in an executive position **YES**
- I understand it is my responsibility to inform the event photographer if I do not want my photograph taken at events to be published on the PROBUS Club of Clarington Website or in the monthly Newsletter.
- My contact information will be printed on the Membership List and distributed to Members for **MEMBERSHIP USE ONLY**. In accordance with Provincial Legislation, this information may only be used for official Probus business and activities.

Date _____ Signature _____

PLEASE MAIL COMPLETED APPLICATION AND CHEQUE FOR \$50 (* \$20 Initiation Fee & \$30 Yearly Fee)*

MADE PAYABLE TO: PROBUS CLUB OF CLARINGTON

SEND TO: Probus Club of Clarington, c/o 31 Arnold Johnston St., Courtice, L1E 0C6

Note: prorated rates apply Jun. – Feb. email the membership chair for details at claringtonprobus@gmail.com

MEETINGS

- The club meets monthly on the second Wednesday of the month at 10:00 a.m. to noon at 1685 Bloor St. (Hope Fellowship church), Courtice, Ontario.

Office Use Only			
Application Rec'd _____	Application Approved/Wait Listed _____	Membership Fee _____	
Cheque Rec'd _____	Welcome Letter _____	Membership List _____	Newsletter _____
Treasurer _____	Name Badge ordered _____	Name Badge rec/d _____	