

Membership for Legacy Collaborative Senior Village (Ward_____)

Name: _____ (Email_____)

Address:
(Work)_____ (Tel.)_____

(Home)_____ (Tel.)_____

Previous or Current Occupation(s) & Position: _____
(If retired, note date of retirement)

Education/ Training or Other Skills: _____

Organizations (you are actively participate): _____

Activities (you are actively engaged in): _____

What are your current interests in the Legacy Collaborative? _____

What other activities do you have particular interest in? _____

What are your unmet service needs: _____

Comments: _____

Membership Department: _____ Date: _____