

Membership Application

****Please Print Clearly****

****Please allow 4 weeks for your new Membership card to arrive by mail****

Membership <input type="checkbox"/> Annual Individual (\$26.25)		<input type="checkbox"/> New Membership		
<input type="checkbox"/> Multi-Year (\$70.88 includes 10% discount)		<input type="checkbox"/> Renewal		
<input type="checkbox"/> Lifetime (\$131.25)		All Memberships include GST. Sage GST# 119154839RT0001		
<input type="checkbox"/> Associate – upon approval of Executive Director				
<input type="checkbox"/> Honourary – upon approval of Board				
Would you like a copy of the Directory of Senior Services? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
*First Name _____		Middle Name _____	*Last Name _____	
*Address _____				
*Postal Code _____				
*Home Phone _____		Cell Phone _____		
Work Phone _____		Email _____		
May we email you with upcoming Sage activities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please send my SageLink Newsletter by: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both <input type="checkbox"/> Do Not Send				
Date of Birth _____		or Age _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Marital Status <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed				
Preferred Language: <input type="checkbox"/> Chinese (can be Mandarin/Cantonese) <input type="checkbox"/> Cree <input type="checkbox"/> English <input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian Other _____				
How did you hear about Sage?: <input type="checkbox"/> Community Agency <input type="checkbox"/> Family Member <input type="checkbox"/> Friend or Neighbor <input type="checkbox"/> Home Care <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____				
Emergency Contact (Full Name) _____				
Phone _____ Relationship: _____				
In the event of an emergency, I hereby authorize Sage to call my emergency contact:				
Signature: _____				

* Required field **Staff & Volunteers – Please ensure reverse side is filled out →**

****For Office Use Only****

PAYMENT

Payment Type:

Cash Debit Cheque Visa or Mastercard

Card #: _____ Expiry: _____
MM/YY

Payment processed: Yes No

Temporary card given: Yes No

Package required: Yes No

Staff/Volunteer Name: _____ **Date:** ____/____/____
YYYY MM DD

Package sent: Yes No

Permanent card mailed: Yes No

Staff/Volunteer Name: _____ **Date:** ____/____/____
YYYY MM DD

DATA ENTRY

Excel _____
ETO: _____
Demographic _____
Assessment _____
Effort Recorded _____

Staff/Volunteer Name: _____ **Date:** ____/____/____
YYYY MM DD

- Benefits of Membership are:**
- ✓ Subscription to the SageLink newsletter, mailed or emailed to you 4 times a year.
 - ✓ Easy access to programs, activities and courses
 - ✓ A reduction in select course fees
 - ✓ Free use of our public access computers
 - ✓ Participation in Sage clubs and groups
 - ✓ 50% off home delivery cost for Sage Savories frozen meals with a minimum \$50 order. Delivery within Edmonton only.