



Community Centre
Centre Communautaire

SOCIÉTÉ PLACE MAILLARDVILLE SOCIETY Membership Application

Date submitted: _____

Name: _____

Over 16 Years of Age: Yes ___ No ___

Street Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

(check all boxes that apply)

I live in Maillardville

I work in Maillardville

I use Place Maillardville Community Centre Facilities

Other _____

My connection to Société Place Maillardville Society (SPMS)/Place Maillardville Community Centre (PMCC) is:

Are you interested in volunteering on our Board of Directors in the future?

If yes, what skills could you contribute to the Board?

What are your areas of interest? (check all boxes that apply)

Programs and Special Events

Fundraising/Sponsorships

Marketing/Advertising

Membership, Marketing & Volunteers

Finance

Website & Social Media

Other: _____

By signing this application, you agree to support the goals and objectives of Place Maillardville Community Centre.

Applicant's Signature: _____

Date: _____

PMCC Office Use Only

Date Processed: _____

By: _____

Comments: _____

Date application was reviewed by PMCC Board: _____

Date application approved: _____