



## SOCIÉTÉ PLACE MAILLARDVILLE SOCIETY Membership Application

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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 Services

Other \_\_\_\_\_

My connection to Société Place Maillardville Society (SPMS) 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 Société Place Maillardville Society

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SPMS Office Use Only

Date Processed: \_\_\_\_\_

By: \_\_\_\_\_

Comments: \_\_\_\_\_

Date application was reviewed by SPMS Board: \_\_\_\_\_

Date application approved: \_\_\_\_\_