



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 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: _____