

Active Aging Canada

Individual Membership Form



First name _____

Last name _____

Address _____

City _____

Province _____ Postal Code _____

Phone Number _____ Extension _____

Email _____

Membership Benefits

- Be a part of a growing national coalition
- Commit to the vision of active aging for adult Canadians
- Participate in national projects that support a vision of a healthy aging society
- Be an advocate on issues that effect a healthy aging society
- Stay informed with current research and activities of the organization
- Communicate with national/ provincial/ local organizations who share the same vision

Individual Membership Annual Fee

Individual Fee \$ 50

Your Commitment to Active Aging Canada Help Yourself and Others—Share the Facts about Healthy Active Aging

Spread the message of lifelong healthy active aging to older adults by becoming a member.

Share our knowledge and health promotion resources with those you want to know about living a healthy life throughout their lives.

Our goal is to communicate and we achieve that through a strong membership.

We are much stronger together than individually. Together, we can improve the health of all Canadian adults.

Name

is pleased to be a member of Active Aging Canada and support the vision and mission of the organization.

_____/_____/_____
Signed Date

Please complete the information above, scan and email, or mail this application, along with your payment to **Active Aging Canada**. Please pay by cheque or credit card.

VISA MasterCard

_____ name on card
_____ card number _____ / _____ exp. date

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