



## MEMBERSHIP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Keep Well Site: \_\_\_\_\_

Membership is \$10.00 per year. We request that you have the correct change with your application. Your membership is valued at all Eight Keep Well sites so that you may exercise more than once a week. (Look at our brochure for other locations)

Your email address is requested to send you information on events happening at our Keep Well sites on the North Shore.

NB: Please note that your information will be protected according to our Privacy Statement found on [www.keepwellsociety.ca](http://www.keepwellsociety.ca)