

ElderWeb® MEMBERSHIP APPLICATION

Please RENEW my membership for one year

I am NEW to ElderWeb . Please register me for a one year membership

Today's Date: _____

Have you previously attended Grant MacEwan College: YES () NO ()

Student ID Number: _____ Social Insurance Number _____

Date of Birth: Month _____ Day _____ Year _____

FIRST name: _____ Initial: _____ LAST name: _____

ADDRESS: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

PHONE NUMBER:(____) _____ E-MAIL address _____

Method of Payment

Cheque/check: _____ MasterCard: _____ VISA: _____

Card Number: _____ Expiry date: _____

Name of cardholder: _____ Signature _____

Make cheque/check payable to: Grant MacEwan College

FEE (please check one)

____ \$69.00 for individual membership. ____ \$89.00 for household membership

If household membership please fill in a separate application for the additional member and attach it to this application form.

I have received my ElderWeb Welcome Kit

If you were introduced to ElderWeb membership by a current member please indicate their name so that we may thank them. _____

If mailing, please mail to:
Grant MacEwan College
ElderWeb Project
10700 - 104 Avenue NW
Room 6-321
Edmonton, AB T5J 4S2

FOR OFFICE USE ONLY **Register in ELDW 0100 Section 570** **Discount Code:** _____

Fee: _____ **Discount:** _____ **Total owing:** _____ **Authorized by:** _____