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Langley Seniors Resources Society

Membership Application Form

Mr / Mrs / Ms / Miss

Surname: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Cell Phone #: _____

Email: _____ Birth Date: _____

Month / Day / Year

Special Interests: _____

Emergency Contact: _____ Relationship: _____

Contact Phone #: _____ Contact Cell: _____

Card #: _____

Year: _____ Year: _____ Year: _____ Year: _____ Year: _____

Year: _____ Year: _____ Year: _____ Year: _____ Year: _____

Year: _____ Year: _____ Year: _____ Year: _____ Year: _____

Year: _____ Year: _____ Year: _____ Year: _____ Year: _____