Council of Senior Citizens' Organizations of Representing seniors in British Columbia since 1950 www.coscobc.org	
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Associate Membership Form 2025

	New membership	🗆 🗆 Membership renewal
NAME (PLEASE PRIN	IT):	
•	, First name	Last name
MAILING ADDRESS:		
	Street address	Apt/suite
	City, Province	Postal code
EMAIL:		PHONE:
	MEMBERSH	IP FEE / DONATIONS
	ICLOSED (OPTION	\$ <u>25</u> AL): \$ IR MEMBERSHIP/DONATION? YES NO
DATE:	SIGN	NATURE:
Plea	use mail your cheque	e along with this completed form to:
	il of Senior Citizens P Mountain View Pla	Membership Secretary 5' Organizations of BC (COSCO BC) 2.O. Box 228 1za, Unit 505 - 8840 210 Street ey, BC V1M 2Y2
• • •	•	bership application or renewal, please do not hesitate . We appreciate your ongoing support.

Disclaimer: COSCO collects the least amount of personally identifiable information possible so that we can maintain contact with our members. COSCO does not share personally identifiable information with third parties for their use unless required by law to do so.