Council of Senior Citizens' Organizations of BC
Representing seniors in British Columbia since 1950
www.coscobc.org

Associate Membership Form

□ **New membership** □ **Membership renewal**

NAME (PLEASE PRINT): _____
First name *Last name*

MAILING ADDRESS: _____
Street address *Apt/suite*

_____
City, Province *Postal code*

EMAIL: _____ **PHONE:** _____

MEMBERSHIP FEE / DONATIONS

Your membership fee of $25 is payable as of January 2nd each year. Please be advised that membership fees and donations are non-refundable.

TOTAL MEMBERSHIP FEE ENCLOSED: $25

TOAL DONATION ENCLOSED (OPTIONAL): $_____

DATE: _____ **SIGNATURE:** _____

Please mail your cheque along with this completed form to:

Attention: Membership Secretary
Council of Senior Citizens' Organizations of BC (COSCO BC)
P.O. Box 228
Mountain View Plaza, Unit 505 - 8840 210 Street
Langley, BC V1M 2Y2

If you have any questions about your membership application or renewal, please do not hesitate to contact us at membership@coscobc.org. 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.