



## ELMVALE ACTIVE SENIORS RESIDENCE

*Community • Hospitality • Equality • Generosity*

### MEMBERSHIP APPLICATION FORM

**PURPOSE**

Elmvale Active Seniors Residence (EASR) is a Not-for-Profit Corporation whose purpose is the Development of a Seniors Retirement Campus to serve the Community of Elmvale and the surrounding Township of Springwater. The Organization is governed by a Volunteer Board of Directors elected by the Membership.

**VISION**

To build a Community of Seniors whose lives will be enriched by living close to one another, sharing each other’s joys and griefs, gaining strength from mutual support.

Residents’ activities will be focused on diminishing isolation and loneliness.

All of our actions will reflect Christ’s example of human compassion, equality of all people, selfless giving and genuine caring.

**LEVELS OF MEMBERSHIP AND BENEFITS**

Individuals who can support the Purpose and Vision of EASR are encouraged to join the Organization as a Member.

Please indicate on the Form which Level of Membership you prefer:

	BASIC		INTERMEDIATE	PREMIUM
	Annual**	Life-Time	Life-Time	Life-Time
<b>Fee</b>	<b>\$100.00</b>	<b>\$500.00</b>	<b>\$1,000.00</b>	<b>\$2,000.00</b>
<b>Waiving of Waitlist Application Fee</b>		✓	✓	✓
<b>Eligible to Vote at Annual Meetings</b>	✓	✓	✓	✓
<b>Eligible for Nomination to the Board</b>	✓	✓	✓	✓
<b>Be one of First to hear of Available Unit. (second only to Waitlist.)</b>	✓	✓	✓	✓
<b>Receive Regular Progress Updates</b>	✓	✓	✓	✓
<b>Receive \$1500.00 Discount on Price of a Unit</b>			✓	✓
<b>Receive an Additional \$1500.00 Discount on Price of a Unit</b>				✓

\*\* Annual Memberships go by Calendar Year. Renewal Notices will be sent in January of each year



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\_\_\_\_\_  
Mr./Mrs./Ms.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Mr./Mrs./Ms.

\_\_\_\_\_  
Spouse/Partner First Name

\_\_\_\_\_  
Spouse/Partner Last Name

Address:

\_\_\_\_\_  
No.

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
Unit/Apt #

\_\_\_\_\_  
R.R. #

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Prov

\_\_\_\_\_  
Postal Code

Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Please Select one:

Basic - Annual

Intermediate

Premium

Basic - Lifetime

Please provide us with your preferred method of written communication (Newsletters, Receipts, Notices etc.):

Regular Mail:

Email:

All Membership Applications are subject to Approval by the Board of Directors. Payment of Membership Fee does not automatically constitute Acceptance or Approval of Membership Application.

*Please make cheque Payable to 'Elmvale Active Seniors Residence' and mail to address below.*

I/We, the undersigned, affirm my/our agreement with the attached Purpose and Vision. I/We hereby apply for membership in Elmvale Active Seniors Residence

Signature

Signature

Print Name

Print Name

Date

Date