

Manitoba Association of Senior Communities

NEW MEMBERSHIP/RENEWAL FOR 20__ to 20__ (fiscal year)

Date:

Name of Organization				<input type="checkbox"/> New <input type="checkbox"/> Renewal
Street Address/Box #		City/Town		Postal Code
Phone Number		Primary Email		
Website				

Our Mission Statement: complete if new member or change to existing mission

As of April 1st - Number of members:

Does your organization have an elected board?

Staff/Board Contact		Position	
Phone (if different)		Email	

Staff/Board Contact		Position	
Phone Number		Email	

Other Contact (Optional)		Position	
Phone Number		Email	

Current activities conducted at/by your organization: (check all that apply)

Health & Wellness Programs Education Programs Social Events
 Food programs Transportation Services Support Groups
 Other: _____

Do you have hired staff?	YES	NO	If yes # of Full Time _____	# of Part Time _____
Do you carry insurance offered through MASC?	YES	NO	Are any of your members/staff interested in Johnson Ins? YES NO UNSURE	

MASC's membership year runs from April 1 – March 31. The \$100.00 membership fee is due by May 31, 2023. Cheque is to be made payable to **MASC**. Please ensure your centre/group name appears on cheque. Forward with this application to:

MASC Membership
Attn: C. Newman, Executive Director
PO Box 54067 Silver Heights PO
Winnipeg, MB R3J 0L5



Would you like a membership certificate mailed to you? YES NO
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*If you require further information, please contact us. To ensure our records are accurate and up to date, please fill in this form as completely as possible. Thank you!
info@manitobaseniorkommunities.ca

For Office Use Only

Date Received:	Cheque #	Data Entry	Cert. Mailed
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