

# Manitoba Association of Senior Communities

<b>NEW MEMBERSHIP/RENEWAL FOR 20</b> _____ <b>to 20</b> _____ (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 organizaion 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?	
HIROC:	YES	NO	YES	NO    UNSURE

MASC's membership year runs from April 1 – March 31. The \$100.00 membership fee is due by May 31st. Cheque is to be made payable to **Manitoba Association of Senior Communities**. 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

\*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](mailto:info@manitobaseniorkommunities.ca)

For Office Use Only

Date Received:	Cheque #	Data Entry	Cert. Mailed
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