Probus Club of Old Oakville

c/o 281 Spring Garden Rd. Oakville, ON. L6L 5H5
www.probusoldoakville.ca

Membership Application

Note: Please type inside the boxes. They expand when filled.

Surname:	Given Name & Initials:	Preferred Name:	
Address:	Postal Code:	Telephone(Home): Cell:	
E-mail Address **	Date of Birth:	Partner's Name:	Widower

** I give my consent for the Club to communicate with me by email. Signature: _____

Please tell us something about yourself:

Education / Training (brief summary):
Career(s) (brief summary):
Military Service (brief summary):
Activities, Interests, Hobbies (list):
Memberships, Associations, Clubs (list):
If you have made visual presentations to groups, please describe the type of presentation that you have prepared and the software that was used, e.g. *Power Point, audio/visual material.*

The Club presently offers the following Activities. Please indicate (X) those in which you might be interested:

Pool/Snooker/Lunch	**Golf**	**Dinner Club**	**Investment Club**	**Breakfast Club**	**Theatre and**
Every **Tues,**	***Every*** **Wed.**	***Every Third*** **Thurs. of mo.**	***Every Third*** **Monday of mo.**	***Every second*** **Tues.**	**Excursions** **As planned**

Bridge Club
Pending

Name of your Probus Sponsor:	***Date:***
Office Use – Approved:	***Date:***

PLEASE E-MAIL YOUR COMPLETED APPLICATION FORM TO:

Bruce Norman, Membership Chair at: bruce.norman99@outlook.com

Thank you for your interest in the Probus Club of Old Oakville.