Probus Club of Old Oakville

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

Membership Application

Surname:	**Given Name & Initial**	**Preferred Name:**
Address:	**Postal Code:**	**Phone(Home):** **Mobile:**
E-mail Address **	**Date of Birth:**	**Spouse/Partner's Name:**

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

Please tell us something about yourself:

Education / Training (summary):
Career(s) (summary):
Activities, Interests, Hobbies:
Memberships, Associations, Clubs:
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 your interest Yes/No/Maybe:***

Lunch and Pool ***Every Tuesday*** ***Interest:***	**Wednesday Golf** ***Indoors in Winter*** ***Interest:***	**Investment Club** ***3rd Monday*** ***Interest:***	**Dinner Club** ***3rd Monday of Month*** ***Interest:***	**Walking Group** ***Mon, Wed, Fri.*** ***Interest:***
Breakfast Club ***Every other Tuesday*** ***Interest:***	**Bridge Club** ***2x/Month Winter*** ***Interest:***	**Theatre** ***As planned*** ***Interest:***	**Tours and Excursions** ***As Planned*** ***Interest:***	**Car Rally** ***October*** ***Interest:***

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