

THE NATIONAL PENSIONERS AND
SENIOR CITIZENS FEDERATION INCORPORATED

ANNUAL CLUB MEMBERSHIP DUES

NPSCF Club No. _____ Club Name: _____

Contact: _____ Address: _____

Phone: _____

City: _____ Province: BC AB SK MB ON QC NF
 NB NS PEI NV NT YK

Please select the Annual Club Membership Dues that fit with your organization:

		Place Appropriate Rate Here
Groups up to 100 members	\$ 35.00	\$ _____
Groups from 101 to 500 members	\$ 50.00	\$ _____
Groups from 501 to 1,000 members	\$ 75.00	\$ _____
Groups with 1001 members plus	\$ 250.00	\$ _____
Donation of	\$ _____	\$ _____
Final Total on Cheque		\$ _____

The NPSCF depends on your club's financial support in order to
continue and expand our advocacy efforts.
Together Seniors can make a difference.

Please print all information clearly and forward with your cheque directly to the Treasurer.

Joyce Mitchell
44 Second Ave.
Trenton ON K8V 5M6

REMEMBER:

A change was made at our 2004 Convention, that our annual year would be from January 1-
December 31. It would be appreciated if dues could be paid before March 31, of the current year

If you have any questions please feel free to write to the treasurer or call her at 613-394-0739. Thank you.

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Date: _____ City _____ Prov _____ NPSCF NO. _____

Club Name: _____

Number of Members _____
IF A COUNCIL OR PROVINCIAL GROUP, NUMBER OF GROUPS OR CLUBS _____

Club Address: _____
City: _____
Province: _____ Postal Code: _____

PLEASE
PRINT
CLEARLY

Phone Number: _____

Should correspondence be mailed to the above Club Address? Yes ___ No ___
(If NO please indicate which of the following officers should receive correspondence.)

Please record at least 2 officers' names and addresses, in case a person moves.

Select ()

() President: _____ Telephone: _____
Address: _____ Email: _____
Postal Code: _____ Website: _____

() Vice-President: _____ Telephone: _____
Address: _____ Email: _____
Postal Code: _____ Website: _____

() Secretary: _____ Telephone: _____
Address: _____ Email: _____
Postal Code: _____ Website: _____

() Treasurer: _____ Telephone: _____
Address: _____ Email: _____
Postal Code: _____ Website: _____

PLEASE RETURN TO:
Joyce Mitchell, NPSCF Treasurer, 44 Second Avenue, Trenton, ON K8V 5M6