



**PEEL FOUNTAIN OF WISDOM SENIOR SERVICES**

c/o 74 Kenninghall Crescent  
Mississauga, ON, L5N 2T9  
info@pwwss.com

**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

Annual Membership Fee - \$25.00

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Miss \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Information:** Two Persons To Contact In Case Of An Emergency.

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PFWSS  
Accepting Officer : \_\_\_\_\_ Date: \_\_\_\_\_