



The Council for Black Aging Community of Montreal Inc.
Le conseil des Personnes Âgées de la Communauté Noire de Montréal Inc.

RESPECT MINDFULNESS CARING

Membership Form

First Name: _____ Last Name: _____

Address: _____ Apt# _____

City: _____ Postal Code: _____

Home Phone: _____ Cellular Phone: _____

Email: _____

Date of birth (D/M/Y): _____

Male: Female: Other:

Medicare Card Number: _____ Expiry date: _____

EMERGENCY CONTACT:

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone Numbers: _____

VOLUNTEER SERVICES:

Are you interested in being a volunteer with CBAC? _____ Yes _____ No

In what capacity would you like to volunteer?

On what Committee would you be interested in volunteering:

Social Committee Planning Committee Fundraising Committee Wellness Committee

What Services would you like to perform?

Good Morning Calls Activity Calls Transportation Accompaniment

Friendly Visits

MEMBERSHIP TYPE

General Membership

Open to any resident of the province of Quebec, aged fifty-five (55) and over.

Lifetime Membership

Bestowed when a member attains eighty (80) years of age.

7401 Newman, Suite 6, LaSalle Québec H8N 1X3

Tel.: (514) 935-4951

Email: cbacmtl@gmail.com



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- Honorary Membership
Conferred or bestowed to persons per By-Laws.
 Other Organization Membership

MEMBERSHIP FEE

General Membership fee is **\$25.00**. General Membership fee is due annually before April 1st.
Lifetime Membership and Honorary Membership pay no annual fee.

PHOTO PERMISSION

In becoming a Member of The Council for Black Aging Community of Montreal, also referred to as CBAC, you consent to your likeness and photographs being used in CBAC's print, online and video-based marketing materials and other organization publications.

I hereby authorize The Council for Black Aging Community of Montreal, also referred to as CBAC, to publish photographs taken of me, my name and likeness, for use in CBAC's print, online and video-based marketing materials and other organization publications.

I hereby release CBAC from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with publication of these photographs.

I hereby release CBAC, its contractors, its employees, and representatives involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

I have read and understand the above:

Name (print): _____

Signature: _____

Date: _____

PHOTO EXEMPTION

While I acknowledge that membership in CBAC comes with automatic photo permission, I would like to be exempted from same.

Name: _____

Signature: _____

Date: _____

The council for Black Aging Community of Montreal Inc Thanks you!

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