



ELDERCOLLEGE: MEMBERSHIP & REGISTRATION FORM

PERSONAL INFORMATION

Legal Last Name: _____ First Name: _____ Middle Name: _____
 Former Last Name: (if applicable) _____ Preferred First Name: _____
 Street Address: _____ City: _____
 Province: _____ Country: _____ Postal Code: _____
 Home Phone: _____ Other Phone: _____ Email Address: _____
 Birthdate: *yy / mm / dd* _____ Gender: M F _____ Citizenship: _____
 Emergency Contact Name: _____ Home Phone: _____ Other Phone: _____
 Emergency Contact Name: _____ Home Phone: _____ Other Phone: _____

MEMBERSHIP

The \$10 annual membership fee includes conditional access to the North Island College libraries and bookstores.
 Current Member New Member
 For new memberships and renewals, which location would you like to join?
 Campbell River Comox Valley Port Alberni Port Alice

COURSE SELECTION

Course Name	Course Code	Tuition
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
<input type="checkbox"/> Membership Fee		\$10.00

DECLARATION: PLEASE READ THE FOLLOWING BEFORE SIGNING
 I declare that the information I have submitted on the application is true and correct. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College. I understand that this information along with subsequent information is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, and other purposes consistent with the mandate of the institution.
 Student Signature: _____ Dates: _____

PAYMENT OPTIONS

- In person:** Bring this completed form with payment (cash, cheque, debit, or credit card) to one of our campuses during the Student Services office hours.
- Mail:** Mail completed registration form to Student Services with payment by cheque with full fees. Sorry, post-dated cheques are not accepted.