

SUMMERLAND DROP IN RECREATION CENTRE ASSOCIATION
APPLICATION FOR MEMBERSHIP

First name: _____ **Last name:** _____

Telephone: _____ **e-mail: address:** _____

I give SDIRCA permission to send me e-mails. Yes/No

Are you interested in volunteering at SDICRA Yes/No

In case of an emergency Contact Information:

First Contact: _____

Relationship _____ **Phone:** _____

Second Contact: _____

Relationship: _____ **Phone:** _____

Areas of interest(to help with planning)
