



ELDERCOLLEGE: MEMBERSHIP & REGISTRATION FORM

PERSONAL INFORMATION

Legal Last Name:	First Name:	Middle Name:
Former Last Name: <i>(If applicable)</i>	Preferred First Name:	
Street Address:	City:	
Province:	Country:	Postal Code:
Home Phone:	Other Phone:	Email Address:
Birthdate: <i>yy / mm / dd</i>	Gender: <input type="checkbox"/> M <input type="checkbox"/> 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

COURSE SELECTION

Course Name	Course Code	Tuition
1.		
2.		
3.		
4.		
<input type="checkbox"/> Membership Fee <i>(includes tax)</i>		\$10.50

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.