

Hamilton Council on Aging (HCoA) 2017-18 Membership Form



Name: _____

Please check here if you are a returning member and your contact information is the same as last year.

If you are a new member or your contact information has changed, please fill out the fields below. If applicable, please include a primary email address for updates and newsletters.

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____

*Email: _____

Individual Membership (\$5)

(CORPORATE) Business Membership (\$75)

*Please complete this form and email it to Shelagh Kiely: kielys@hhsc.ca
You may also print your completed form and mail it along with payment to the attention of Shelagh Kiely: Hamilton Council on Aging (HCoA), St. Peter's Hospital, 88 Maplewood Avenue, Hamilton ON L8M 1W9. Please make cheques payable to "Hamilton Council on Aging."*

Annual Memberships of the Hamilton Council on Aging run from the Annual General Meeting in September to the Annual General Meeting the following September.

Members shall have the right to attend meetings; to advise HCoA through the Board on matters relevant to the objects of the HCoA; to stand for office; to vote at all general meetings including the Annual General Meeting; and to sit on Standing Committees and Ad Hoc Committees. Each individual and organization member is entitled to one vote at the Annual General Meeting.

**For more information about HCoA membership, please contact Shelagh Kiely
905-777-3837 ext. 12238 | kielys@hhsc.ca | www.coahamilton.ca**