Member Application

Elder Bloom
WELLNESS SOCIETY

Applicant Information

Full Name _____

Address _____

Phone _____

Email _____

Membership Type

☐ Voting Member- Voting members support the purposes of the Society, may attend and participate in meetings, and have the right to vote on important decisions such as electing directors and approving bylaws.

☐ Non-Voting (Supporting) Member- Supporting members stay connected to Elder Bloom by receiving updates, newsletters, and invitations to events. They may volunteer or contribute to the society's activities but do not vote at meetings.

Commitment Statement

☐ "I support the purpose of Elder Bloom Wellness Society and agree to abide by its bylaws and policies."

Consent for Communication

☐ I consent to receive meeting notices, updates, and society communications (email or mail)

☐ I consent to receive quarterly Newsletters

Applicant Signature

Signature: _____ Date: _____

Board Approval (Internal Use)

Approved By: _____ Date: _____