

MEMBERSHIP FORM

FRIENDS OF ROSSS

Friends of ROSSS enjoy voting rights at our AGM, the Friends of ROSSS annual breakfast, our annual focus group, and so much more! Fill out the application below to join the Friends of ROSSS today!
Membership dues are \$25 Annually.

PERSONAL INFORMATION

First Name :

Date Of Birth :
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Full Address :

Postal Code :

City / Province :

E-Mail :

Gender : Male Female Other _____ Prefer not to say

Would you be interested in volunteering for ROSSS? If so, in what role?

What interests you about ROSSS membership?

Are you currently a caregiver/accessing any of ROSSS' services? If so, which ones?

Is there anything you would like us to know about you? (eg. accessibility needs)

1096 Bridge St
Manotick, ON K4M 1J2
613-692-4697 / info@rosss.ca
www.rosss.ca



THANK YOU FOR YOUR APPLICATION

MEMBERSHIP FORM

FRIENDS OF ROSS

CONT'D

Do you consent to ROSSS sharing your name and email with other members?

Do you consent to your photo being included in ROSSS social media, newsletters, and marketing products?

PAYMENT INFORMATION

Card Number

Expiry Date (MM/YY)

CVC

Signature of Applicant

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ROSSS
Rural Ottawa South Support Services

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