

# SHALEM SOCIETY FOR SENIOR CITIZEN CARE

3010 - 51 Street S. W. Calgary Alberta T3E 6V8

Phone 403-246-5519 Fax 403 242-3712

## SHALEM SOCIETY MEMBERSHIP APPLICATION

Name of  
Applicant \_\_\_\_\_

First Name

Last Name

Present Address \_\_\_\_\_ City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Church affiliation: \_\_\_\_\_

*(This information is needed for efficient distribution of agendas, newsletters, etc.)*

**Approval of this application is subject to acknowledgment of the following statements and approval of the Board of Directors ;**

- I subscribe to the By-Laws of Shalem Society for Senior Citizens Care.  
[To view the By-laws: [click here](#) ]
- I agree to the objectives of the Society:
  1. The objective of the Society is to care for senior citizens of the Christian community by providing facilities for their use and benefit and which are operated in agreement with the Holy Bible.
  2. The basis of the Society is the recognition that the exercise of Christian Mercy is a communal responsibility as set forth in the Holy Bible.
- I support the mission statement of the Society:

**SHALEM**, meaning **WHOLENESS**, was formed with the mission and strong communal desire to provide care in a Christian setting and to enhance the well being, both physical and spiritual, of our seniors as set out before us in the Word of God

Membership fee is \$25.00 per year, to be paid during the first quarter of each fiscal year. Every membership shall be entitled to **one** (1) vote.

Please make your cheque payable to the:  
**SHALEM SOCIETY FOR SENIOR CITIZEN CARE**

\_\_\_\_\_  
*Signature of Applicants*

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2010

FOR OFFICE USE ONLY

Board Application Acceptance Date \_\_\_\_\_