



A ROSE FOR GRANDMA WELLNESS HUB

MEMBERSHIP FORM

NAME

LAST NAME: _____

FIRST NAME: _____

ADDRESS

Street: _____

City: _____ Postal Code: _____

CONTACT INFORMATION

Phone: _____ Cell: _____

E-Mail: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____ Cell Number: _____

MEMBERSHIP FEES - \$25.00

Paid

Unpaid

Cash

E-transfer

Contact information: christiana@aroseforgrandma.com

Telephone: 647-295-0234

Thank you for being a Member of
A Rose for Grandma Wellness Hub