

PROBUS CANADA

**PROBUS CANADA Update Form for the Directory
(Please PRINT Clearly)**

PROBUS CLUB OF _____

PLEASE INDICATE WHETHER CLUB IS MEN; WOMEN; COMBINED _____

CLUB POSTAL ADDRESS _____

CITY/TOWN _____ **PROV.** _____ **P/CODE** _____

FORMATION DATE _____ **NUMBER OF FOUNDING MEMBERS** _____

TIME OF REGULAR MEETINGS _____ **DAY** _____ **WEEK** _____

MEETING LOCATION _____ **Ann. Mtg. Month** _____

PRESIDENT (first name & surname) _____

ADDRESS _____ **PROV.** _____

P/CODE _____ **TELEPHONE** (with area code) _____

FAX _____ **EMAIL** _____

SECRETARY (first name & surname) _____

ADDRESS _____ **PROV.** _____

P/CODE _____ **TELEPHONE** (with area code) _____

FAX _____ **EMAIL** _____

NOTE: **THIS FORM MUST BE COMPLETED AND FORWARDED WITH ANNUAL DUES AND INSURANCE PREMIUM TO PROBUS CANADA.**

**PROBUS CANADA
Box 292
Qualicum Beach, B.C.
V9K 1S8**