



Four Leaf Clover Membership Application Form

First Name _____ Last Name _____

Address _____

_____ Postal Code _____

Telephone _____

Emergency Contact _____ Emergency Contact Telephone _____

Please circle the services you are interested in:

Transportation: Shuttle Service

Transportation: Appointment

Companionship Visits

Reassurance Telephone Calls

Please circle any special needs you may have:

Need assistance Vision impaired

Use a walker Hearing impaired

Use oxygen Poor memory

Please mail or drop off application form along with \$12 membership fee to:

Four Leaf Clover
c/o Catholic Family Services
974 Albert St
Regina, SK S4R 2P7