



2024/2025

Date: _____
Month / Day / Year

MEMBER NUMBER #: _____

NAME: _____

Street: _____ Telephone # 1: _____

City: _____ Province: _____ Telephone # 2: _____

Postal Code: _____ Email : _____

BIRTHDATE: _____ MOTHER TONGUE: _____ GENDER: _____
(Month/Day/Year)

EMERGENCY CONTACT

CONTACT: _____ Daytime Contact #1 _____

RELATIONSHIP: _____ Daytime Contact #2 _____

Other Contact #3 _____

MEDICAL INFORMATION

If you are not self-sufficient, you must have your own Personal Support Worker [PSW] present while at the Centre to see to your safety & personal needs

If you have any medical / personal information you wish us to be aware of, please list below:

_____ Please provide your Para Transpo number if applicable:

Do you live alone?: Yes _____ No _____

PRIVACY COMMITMENT

We protect and respect your privacy. Your personal information is used to communicate within our organization. We do not provide or sell this information outside our organization.

WAIVERS

PHOTOGRAPHY:

Photographs may be taken on occasion and used in publicity materials. Media representatives may attend events and publish or broadcast photographs and videos. Other participants may take photographs and/or video, G50+ has no control over how these are used.

MEMBERSHIP:

I hereby agree to release absolve and hold harmless the Gloucester 50+ Centre, its members, directors, employees, independent contractors and agents connected with the Centre from and against any blame and liability for any injury, including Corona Virus losses, inconvenience or damage hereby suffered or sustained as a result of participation in any activity at the Centre in person or virtually.

Signature: _____

OFFICE USE ONLY

Method of Payment:

Credit _____

Debit _____

Cash _____

Cheque _____

Mailchimp _____

MSC	Membership Binder	POG	Par Q	MSC SWIPE CARD
	Numerical	Alphabetical		

Volunteer / Staff Initial _____