

Date: _____
Month / Day / Year



Member # _____

New / Renew 2026/2027

Name: _____

Street Address: _____ Cell Phone: _____

City: _____ Province: _____ Home Phone: _____

Postal Code: _____ Email : _____

Birthdate: _____ Ethnic Status: _____ Gender: _____

(Month/Day/Year) Preferred Language: _____

EMERGENCY CONTACT

Contact Name: _____ Contact Phone #1: _____

Relationship: _____ Contact Phone #2: _____

Do you live alone? Yes _____ No _____ Para Transpo #: _____
*Pick up before 3pm _____

MEMBERSHIP CRITERIA

You must be 50 years of age or older. If you are not self-sufficient, you must have your own attendant present while at the Centre to see to your safety and personal needs.

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, unless legislated to do so.

ZERO TOLERANCE

Abusive language, disruptive conduct, or aggressive behaviour towards the G50+ staff, Board of Directors, volunteers, or fellow members will not be tolerated under any circumstances.

PHOTOGRAPHY WAIVER

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 WAIVER

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 viruses, 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 Staff Initial _____

MSC	Numerical	Alphabetical	POG	Par Q	MSC Swipe Card	Mailchimp	New List/Email
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