



Membership Application Form for Year 2020

Membership Dues: \$20.00 (per year, per person)

All information will remain confidential. The Senior Centre will not share or release any personal information with businesses, telemarketers, individuals, etc.)

Membership: Renewal New

Please PRINT clearly and fill in ALL information

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____ - _____

Home Phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Email address: _____

In what way(s) do you allow us to contact you: (Please check all that apply):

Home Phone Cell Phone Email Canada Post

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Contact Phone #: _____

Would you like to help by Volunteering? YES or NO

WAIVER

In consideration, and as a condition of my use of the facilities and my participation in the activities and programs available at the Stepping Stone Senior Centre Inc. (SSSC), I do hereby waive, release and forever discharge SSSC and its respective officers, directors, employees and program facilitators from any and all responsibility and liability for injuries or damages resulting from any use or participation by me.

I understand and acknowledge that no element of care-giving services is available at Stepping Stone Senior Centre or provided as part of any of its programs or activities.

I voluntarily sign this waiver and release liability on behalf of myself and my personal representatives, heirs and next of kin.

Signature: _____

Date: ____ / ____ / ____
 day month year