

Membership Registration Form

RENEWAL Fee \$30.00 **NEW**

Cheques payable to:

Charleswood Senior Centre Inc.
5006 Roblin Blvd. Wpg. R3R 0G7

PLEASE PRINT

Mr.____ Mrs.____ Ms.____

Name:_____

Address:_____

City:_____

Postal Code:_____

Phone #:_____

E-mail:_____

Birth date:_____

Health conditions/allergy:_____

Emergency Contact:

Name:_____

Relationship:_____

Phone #:_____

Membership - Full: 55+ _____

Associate: Under 55 _____

Please read & sign form.

Membership Release Clause

Charleswood Senior Centre Inc.

Agreement:

In consideration of my acceptance as a member, participant, and/or volunteer of the Centre, I do hold harmless the Center, its Directors and officers and the personnel engaged in or volunteering to conduct the Centre's activities, from any and all liability for any claim, demand, suits or clauses of action, growing out of or in any way attributable to any injuries, including death, damage or loss to me whatsoever, arising out of or connected with the conduct of the Centre's property or facilities.

SIGNATURE:

Office Administration Use:

Card Given: Yes__ **No**__

Card Dated:_____

Amt.Paid \$ _____ **Cash**__ **Cheque**__

Today's Date:_____