



MEMBERSHIP APPLICATION

Key Tag/Membership #:

MEMBER INFORMATION

Last Name:	First Name:	New Member <input type="checkbox"/>	Renewal <input type="checkbox"/>
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Birth date:	Age:	Sex:
		<input type="radio"/> M <input type="radio"/> F

Street Address:

City:	Postal Code:	Apt/Unit #:
Home Phone#:	Mobile Phone #:	Email Address:

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship to member:	Home Phone #:	Work or Cell Phone #:
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DECLARATIONS: PLEASE CHECK ALL BOXES

- I understand that I will receive information about the BOAA programs, services and events via mail, email or other electronic means.
- I understand that photos taken during activities may be used in print or electronic media for marketing purposes.
- I agree to adhere to the BOAA Member Code of Conduct
- Waiver** - I understand there is a risk of physical injury associated with the use of the facilities and I, for myself and my heirs and any other claimant under law, hereby fully and forever release, the Bowmanville Older Adult Association and its elected officials, officers, directors, employees and agents from any and all actions, damages, and demands of whatsoever kind or nature at law or in equity which I may have against the Corporation of The Bowmanville Older Adult Association arising from my use of the facilities/equipment or participation in the activities.

Member Signature	Date
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VOLUNTEER INFORMATION

Are you interested in volunteering with the BOAA YES NO

For OFFICE USE ONLY: Front Desk Staff: _____ Office Staff : _____ Paid: _____