



## MEMBERSHIP REGISTRATION FORM

Key Tag #:

### MEMBER INFORMATION

<b>Last Name:</b>	<b>First Name:</b>	<b>New Member</b> <input type="checkbox"/>	<b>Renewal</b> <input type="checkbox"/>
<b>Birth Date</b> (mm/dd/yyyy):		<b>Age:</b>	<b>Sex:</b> M <input type="radio"/> F <input type="radio"/>

### CONTACT INFORMATION

<b>Street Address:</b>		
<b>City:</b>	<b>Postal Code:</b>	<b>Apt/Unit #:</b>
<b>Home Phone#:</b>	<b>Mobile Phone #:</b>	<b>Email Address:</b>

### IN CASE OF EMERGENCY

<b>Name of local friend or relative:</b>	<b>Relationship to member:</b>	<b>Home Phone #:</b>	<b>Work or Cell Phone #:</b>
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### Membership Information \$30 (Includes HST)

Valid for one year from the day you join.

- Memberships are for those 55 years and older.
- Spouses under the age of 55 are welcome to become members if their spouse is 55 and a member in good standing.
- If you have a disability (regardless of age) and would like to participate in events, programs and courses at the centre please contact 905-697-2856 EXT 25
- Please note there are no refunds for membership fees.

## 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, as a result of this fully and forever release the Bowmanville Older Adult

Association and its elected officials, officers, directors, employees and agents from any 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.

<b>Member Signature</b>	<b>Date</b>

### Staff or Front Desk Only

Date	Member signature	Payment form	Volunteer/Staff Initials	Staff processed in MSC	Membership expiry date

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### VOLUNTEER INFORMATION

Are you interested in volunteering with the BOAA  YES  NO