

**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:\_\_\_\_\_