AURORA SENIORS ASSOCIATION

MEMBERSHIP REGISTRATION FORM

90 John West Way, Aurora, Ontario, L4G 6J1

The Aurora Senior Association is a not-for-profit corporation which uses the town owned Aurora Senior Centre as a base for its activities. The personal information collected here will be used only for the "Identified Purposes" as specified in the Aurora Seniors Association Privacy Policy, a copy of which is available from the Receptionist or Aurora Seniors Coordinator. Your signature on this form indicates your consent to the collection and to the use and disclosure of the information as outlined in that policy.

PLEASE PRINT

Member # _____ Date Joined _____ Birthday (mm/dd/yyyy)_____

Surname _____ First Name_____

Phone _____ Cell Phone_____

Address _____ Apt #_____

Town _____ Postal Code_____

Email Address (use boxes below)

I give the ASA permission to send me emails (please sign) _____

EMERGENCY CONTACT INFORMATION

Name _____ Relation to you_____

Day Phone _____ Alternate Phone_____

Do you have any medical concerns? YES NO

If yes, please list (or have a confidential conversation with staff) _____

RELEASE AND WAIVER

In consideration of acceptance of the applicant as a member in the Association and payment of membership dues, the applicant agrees to save harmless and keep indemnified the AURORA SENIORS ASSOCIATION, its officers, directors and members, and their respective agents, officials, servants, and representatives from and against all claims, actions, or causes of action, costs, expenses, and demands including costs attendant thereto on a solicitor and his or her own client basis, howsoever caused, arising out of relating to any activity of the application taking part or being connected to any activity of the Association, AURORA SENIORS ASSOCIATION, whether caused by any negligence of any of the parties hereto, or their respective agents, officials, servants, or representatives, and it is understood and agreed that this agreement is to be binding on the applicant, his or her heirs, executors and assigns, and further that this release and waiver is not subrogated to any right included in any insurance policy held by, or for the undersigned, or the Association.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE-MENTIONED RELEASE AND WAIVER CONDITIONS.

Applicant Signature _____

Please Print Your Name_____ Date_____

Receptionist to sign here for Aurora Senior Association _____

OFFICE USE ONLY:

- ☐ Membership Fees Collected
- ☐ Receipt issued
- ☐ Check ID of applicant
- ☐ Sticker added
- ☐ Legible
- ☐ Temporary membership card issued
- ☐ Is the email address clear?