

**PLEASE PRINT** 

# **AURORA SENIORS ASSOCIATION**

MEMBERSHIP REGISTRATION FORM 90 John West Way, Aurora, Ontario, L4G 6J1

#### DO NOT FOLD THIS FORM

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.

Member #	Date Joined Birthday (mm/dd/yyyy)				
Surname	First Name _				
Phone	Cell Phone _				
Address	Apt #				
Town	Postal Code				
Email Address (use b	ooxes below)				
I give the ASA permis	ssion to send me emails (please sign)				
		4471011			
	EMERGENCY CONTACT INFORM	<u>MATION</u>			
Name	Relation to you				
Day Phone	Alternate Phone				
Email: (optional)					
Please let us know if	you have any of the following medical concerr	ns (optional):			
Alzheimer's	Angina	Asthma			
Cardiovascular Disease	Chronic Obstructive Pulmonary Disease (COPD)	Diabetes			
Dementia	Emphysema	Epilepsy/other seizure disorder			
History of Stroke	Kidney stones	Migraines			
Osteoporosis	Other:				
	ion is kept confidential and is only used by staf here for Aurora Senior Association	f in case of an emergency.			



### **AURORA SENIORS ASSOCIATION**

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## **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, THE CORPORATION OF THE TOWN OF AURORA, their 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 and THE CORPORATION OF THE TOWN OF AURORA, 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.

YEAR 1	
Applicant Signature	Date:
YEAR 2	
Applicant Signature	Date:
YEAR 3	
Applicant Signature	Date:
YEAR 4	
Applicant Signature	Date:
YEAR 5	
Applicant Signature	Date:

#### **OFFICE USE ONLY:**

Fee collected	Receipt issued	Check ID	Sticker Added
Legible	Temp card issued	Email clear	Add to membership list