



St. James Assiniboia 55+ Centre Membership Registration And Renewal Form

(PLEASE PRINT)

Membership Type: (check one)

New Member Renewal

Name: _____

Address: _____

City: _____ Postal Code: _____

Birth Date (Month/Day/Year): _____

Phone Number: _____ Cell Number: _____

E-mail Address: _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to You: _____

Emergency Contact Phone Number: _____

Newsletter Pick Up: (check one)

Will accept newsletter by e-mail

Will pick up newsletter at the Centre

How Did You Hear About us?: (New members only)

Newspaper Internet Friend Other?: _____

Membership Release Clause Agreement for St. James Assiniboia 55+ Centre:

In consideration of my acceptance as a member, participant, and/or volunteer of the Centre, I do hold harmless the Centre, its Directors, officers and 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.

I have read and understood the Membership Release Clause Agreement

Signature: _____ Date: _____

*Please mail your completed FORM along with an annual membership fee of \$30 by CHEQUE (payable to St. James Assiniboia 55+ Centre) OR credit card number to our office at:

3rd floor, 203 Duffield St. , Wpg, Mb. R3J 0H6