

Pembroke 50+ Active Living Centre Inc.
Membership-Renewal April 1 – March 31

2020/2021

Renewal

New

Please **PRINT** Clearly

Last Name: _____ First Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone Number: _____

City of Pembroke Laurentian Valley Petawawa Other(Specify) _____

By providing your email address you agree to receive communications from the Centre.

Email Address: _____

Please print email address clearly.

Membership: 50-54 55-60 61-70 71-80 81-90 90+ (congratulations)

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone# _____ Cell# _____ Work# _____

Volunteers are vital for the continuous operation of the Centre. Are you interested?

_____ Yes (Volunteer Form completed) _____ At a later date (Form to be completed)

What are your skills, interests/suggestions? Trips/travel; Seminar topics; programming, etc.

If you are a new member, where /how did you hear about the Centre?

Activity Friend/Family current member Advertising/newspaper

Website Facebook Newsletter Other (specify) _____

Please turn over to complete the Code of Ethics and sign the Waiver Form →.....page 2

CODE OF ETHICS – Please read and initial

Each member must abide by this Code of Ethics while attending Centre organized programs. Members are expected to be considerate of others and treat each other with kindness, courtesy and respect. Members shall not use profanity or engage in the use of derogatory comments or language that is abusive, threatening, loud, insulting or harassing. All should treat each other as they would like to be treated.

Any breach of this Code will result in the Code of Ethics Breach Protocol to be implemented.

PHOTO CONSENT

During events &/or activities, photos maybe taken for the benefit of promoting the Centre. If you object to having your picture taken, it is your responsibility to advise the photographer at the time.

Member Initial's



WAIVER FORM

I the undersigned, personally and on behalf of my Heirs, Executors, Administrators and Assigns, hereby release and forever discharge the following:

- a) **Pembroke 50+ Active Living Centre Inc.**
- b) **The Corporation of the City of Pembroke.**

All sponsors, organizers and volunteers of the Pembroke 50+ Active Living Centre, their respective Officers, Directors, Agents, Representatives or Successors, from any and all claims or demands that I have, or my Heirs, Executors, Administrators, Assigns, any third party may have, for personal injuries and property damage of any nature whatsoever, arising by reason of my participation in any of the Centre activities.

I authorize the Pembroke 50+ Active Living Centre to have such care, as may be required for me during my participation in any activity.

I have read the above statement, understand it, and my signature confirms its acceptance. I attest and verify that I have full knowledge of the risks involved in my participation and that I am able to participate in my chosen activities.

DATED: _____ / _____ / _____ _____
DD MM YEAR MEMBER'S SIGNATURE

To be filled out by Registrar:

Date taken _____ **Amount paid** _____ **Circle – by cheque or cash**

Registrar initials _____

Volunteer follow up date _____