



Syme 55+ Seniors' Centre  
2024 Membership Application & Renewal

Tag Number (add all letters & digits): X \_\_\_\_\_

- Membership Renewal
- New Member
- \$15.00 Membership Fee
- Charitable donation of \$ \_\_\_\_\_  
(income tax receipt issued)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: mm/dd/yyyy \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

- By checking this box, you are consenting to receive occasional communications via email regarding our services.
- Are you a current volunteer?  Would you like to volunteer?
- I would like to receive the quarterly newsletter by mail 4 times per year at a cost of \$25.00.**
- The Syme 55+ Seniors' Centre **DOES NOT** have my permission to use my photograph to promote the Centre in our newsletter, on our website, or on our Facebook page. I understand the Centre is not responsible for content on third party sites (social media) or un-official pictures taken and posted by members or visitors to the centre.

**Emergency Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I recognize that a risk of injury may be involved in the participation in the Syme55+ Centre programs/activities. I hereby willingly assume such risk of injury or health risk and assume full responsibility during and after my participation in the program/activities. The George S. Syme Seniors' Centre of York, staff, volunteers and Instructors cannot be responsible for risk willingly assumed, and I hereby release and forever discharge the Syme55+ Centre Corporation, staff, volunteers and instructors for all actions, damages, claims and demands whatsoever arising by reason of participation in all program/activities.

I have read this and agree

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Membership Fee: \$30.00  \$15.00  Newsletter Subscription: