



## 2025 Membership Application

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

|  |   |
|--|---|
| <input type="checkbox"/> \$35.00 Membership Fee<br><input type="checkbox"/> \$17.50 Membership Fee   | <input type="checkbox"/> Charitable donation of \$ _____<br>(income tax receipt issued) |
| <b>First Name:</b> _____   | <b>Last Name:</b> _____   |
| <b>Date of Birth:</b> mm/dd/yyyy _____   | <b>Phone:</b> _____   |
| <b>Cell Phone:</b> _____   | <b>Email Address:</b> _____   |
| <b>Address:</b> _____  |   |
| <b>Apt:</b> _____  | <b>City:</b> _____ <b>Postal Code:</b> _____  |
| <input type="checkbox"/> <i>By checking this box, you are consenting to receive occasional communications via email regarding our services.</i>  |   |
| <input type="checkbox"/> <i>Are you a current volunteer?</i>   | <input type="checkbox"/> <i>Would you like to volunteer?</i>                            |
| <input type="checkbox"/> <b><i>I would like to receive the quarterly newsletter by mail 4 times per year at a cost of \$25.00.</i></b>   |   |
| <input type="checkbox"/> <i>The Syme 55+ Seniors' Centre <b>DOES NOT</b> 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.</i>   |   |
| <b><u>Emergency Contact:</u></b>   |   |
| <b>Name:</b> _____   |   |
| <b>Phone:</b> _____  | <b>Relationship:</b> _____  |
| <p style="color: red;">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.</p> <p style="color: red;"><b>I have read this and agree</b> <input type="checkbox"/></p> |   |
| <b>Signature:</b> _____  | <b>Date:</b> _____  |