



Syme 55+ Seniors Centre
2020 Membership Application & Renewal

Tag Number (add last 4 digits): X102_____

- | | |
|---|--|
| <input type="checkbox"/> Membership Renewal | <input type="checkbox"/> Charitable donation of \$ _____ |
| <input type="checkbox"/> New Member | (income tax receipt issued) |
| <input type="checkbox"/> \$25.00 Membership Fee | |

Title: Mr., Mrs., Miss, Ms

First Name: _____ Last Name: _____

Date of Birth: mm/dd/yyyy _____ Phone: _____

Cell Phone: _____ Email Address: _____

- 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?*
- The Syme 55+ Seniors Centre has my permission to use my photograph publicly to promote the center. I understand that the images may be used in print & online publications, presentations, websites, social media and by third parties.*

Address: _____

Apt: _____ City: _____ Postal Code: _____

Emergency Contact:

Name: _____

Phone: _____ Cell 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: _____