

**Strathcona Place Senior Centre
Membership Form
September 2014 to September 2015 - cost \$30**

Membership Number: ZZ Date:

Name:

Phone: Postal Code:

Address:

Are you a new member? Yes / No

Married: Single: Widowed:

To receive Centre updates and information, include your email:

Important Information

Birth Date: Year: _____ Month: _____ Day: _____

Medical Conditions: _____

Emergency Contacts:

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Anti-Spam Legislation & Privacy Act - Signature Required

We Maintain the highest standards of integrity in your senior centre. It is necessary to collect and process personal information in case of emergency and to provide statistics to our funders. Your signature gives permission to Strathcona Place Society to contact you by electronic, print, and telephone communication. Access to personal information is confidential.

Signature: