

## Membership Application

<u>Primary Interests (check one):</u>		
Arts/Crafts/Music <input type="checkbox"/>	Exercise/Dance <input type="checkbox"/>	Bridge <input type="checkbox"/>
Specialty (Computer/Woodworking) <input type="checkbox"/>	Social <input type="checkbox"/>	Games <input type="checkbox"/>

Last Name		First Name	
Address		City	Postal Code
Phone		Email	
Birthdate: Month	Day	Year	Publish Birthday Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency Contact Name	
Phone	Relationship

<b>I have read and received the Privacy Statement, Code of Conduct, &amp; Waiver/Liability Form</b>	<b>Signature</b>	<b>Date</b>
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### Volunteer Opportunities

Please check off any volunteer opportunities that you would be interested in:			
Front Desk <input type="checkbox"/>	Special Events <input type="checkbox"/>	Café <input type="checkbox"/>	Kitchen <input type="checkbox"/>
Program Instructor <input type="checkbox"/>	Type of Program:	Dance Instructor <input type="checkbox"/>	Type of Dance:
Event Planning <input type="checkbox"/>	After Hours Events <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Assisting Maintenance <input type="checkbox"/>
Memberships & Tours <input type="checkbox"/>	Foot Care Assistant <input type="checkbox"/>	Laundry <input type="checkbox"/>	Committee Member <input type="checkbox"/>
Bingo Volunteer <input type="checkbox"/>	If you would like to know the details of any of these opportunities, please ask.		

Entrance to the Active Lifestyle Center is entirely at your own risk.

The Active Lifestyle Centre, their staff, instructors, agents, and representatives DO NOT and WILL NOT accept any responsibility or liability whatsoever for any claim arising out of the injury, death, theft, loss or fire, damage to property or any other similar occurrence and/or accident causing damages to you or your property including that of a third party, when within the confines or on any other part of this property.

<b>OFFICE USE ONLY (please complete)</b>			
Membership – One (1) Year		Membership – Six (6) Months	
Membership Year and Amount Paid:			
Registration Date: Month:	Day:	Year:	Taken By:

