

**NEW/RETURNING
MEMBER APPLICATION
2016/17 ONLINE**

Office Use Only	
Membership # _____	
Associate Form	
Name	
Birth Date	
Phone #	
Address	
Emergency Contact	
Volunteer Question	
Signature	
Exists in MSC	
MSC Basic Info Added	
MSC Picture Taken	
MSC Fob issued	
Receipt #	
Approved by (initials)	
Book	
MSC Data Entry	
Proof	
Volunteer Coordinator	

HAVE YOU EVER BEEN A MEMBER OF SEESA? (*circle one*):

Yes No If yes, what year? _____

NAME*: First: _____ Last: _____

Preferred Name (if different from your first name): _____

BIRTHDATE: Month* _____ Day _____ Year* _____

PHONE #*: _____ Alt Ph #: _____

ADDRESS*: _____

CITY: _____ **POSTAL CODE:** _____

EMAIL: _____

From time to time South East Edmonton Seniors Association may send you electronic messages such as emails, attachments and notifications promoting our activities. We cannot send you these communications without your permission to do so. **Please initial beside your choice:**

____ **Yes**, I hereby consent to South East Edmonton Seniors Association sending me news, information and material via electronic means (email). I understand that I can unsubscribe from receiving such materials at any time by replying to the sender, emailing the Executive Director (kimberly@seesa.ca) or calling the SEESA Front Desk 780-468-1985

____ **No**, I do not wish to receive electronic communications from South East Edmonton Seniors Association

IN CASE OF EMERGENCY – PLEASE CONTACT:

Name*: _____ **Phone*:** _____ **Relationship:** _____

Second contact required if the first contact resides with you

Name: _____ **Phone:** _____ **Relationship:** _____

GENDER:(*circle one*) F M **COMMUNITY:** _____

MARITAL STATUS: _____

If another SEESA member asks for my phone number (*choose one*):

__ Yes, you may give it out.

__ No, do not give it out. Take a number, you call me, and I will call them back.

Do you wish to receive monthly phone calls from our Phoning Committee to highlight upcoming events? (*circle one*) Yes No

For Statistical Purposes: Are you retired? (circle one) Yes No

What was/is your occupation? _____

How many hours are you able to volunteer? (circle one) 0-2 3-6 More than 6

How often (circle one): per week per month per year

I became aware of SEESA through (check all that apply):

Newspaper Ad Information Booth Poster SEESA Newsletter

Dr Referral Friend SEESA Website Other _____

South East Edmonton Seniors Association Program Waiver

I (please print) _____ recognize that the activities of the club/program I will be participating in may have some inherent risks. I knowingly and voluntarily assume the risks of engaging in this activity. I acknowledge that it is my responsibility to be aware of the risks associated with the activity and to safeguard my person by ensuring:

1. That I am physically able/capable of the activity
2. That I exercise safety measures appropriate to the activity, and
3. That I do not participate beyond my capabilities.

I understand that South East Edmonton Seniors Association endeavours to provide the best possible leadership and instruction, and to provide a safe environment for the club/program I am joining. I acknowledge that South East Edmonton Seniors Association only organizes activities and does not necessarily possess any special skill or knowledge in relation to the activity itself.

I hereby release South East Edmonton Seniors Association from any liability arising out of my participation.

SIGNATURE*: _____ **DATE:** _____

Thank you. It is a pleasure to have you as a member!

The waiver is effective for the duration of the participant's membership with South East Edmonton Seniors Association.

This form must be accompanied by payment of current fees.

Information collected will be protected in compliance with Canada's Personal Information Protection and Electronic Documents Act, the Freedom of Information and Privacy Protection Act. Some information collected may be shared with members, partners and allies in compliance with the above Acts. Please note that photographs taken at events may be used for promotional purposes by SEESA. If you have any concerns about the collection of personal information or the use of your image they should be directed in writing to the President, South East Edmonton Seniors Association, 9350 - 82 St NW, Edmonton T6C 2X8.