

**ONLINE  
MEMBER APPLICATION  
2017/2018**

**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:** \_\_\_\_\_

**COMMUNITY:** \_\_\_\_\_ (i.e. Holyrood, Bonnie Doon...)

**EMAIL:** \_\_\_\_\_

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

Would you prefer a monthly phone call or an email to advise you of events at the centre or would you prefer to find out about events on your own? (circle one)    Phone    Email    Self

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

\_\_\_ **Yes**, you may give it out. It's not a private number and is available in the phone directory.

\_\_\_ **No**, do not give it out. Take a number, you call me, and I will call them back (note: by selecting "No" your number will not appear on Club Lists and you may not be notified if there are changes to the activity)

If taking a class: may we share your phone # with your instructor (circle one)    Yes    No

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	

**IN CASE OF EMERGENCY – PLEASE CONTACT:**

**Name\*:** \_\_\_\_\_ **Phone\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Second contact required if the first contact resides with you**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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.