

**On Line
MEMBER APPLICATION
2018/2019**

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

Yes No If yes, what year? _____

NAME*: LAST: _____ FIRST: _____

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 will 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 if you have an email only:

_____ **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

- If you do not have email, would you like a monthly phone call to advise you of events at the centre ? (circle one) Yes No
 - 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
- WHAT GENDER DO YOU IDENTIFY AS: _____ MARITAL STATUS: _____

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

IN CASE OF EMERGENCY – PLEASE CONTACT:

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

Second contact required if the first contact resides with you

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

