

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 #: _____

- SEESA may share your phone number with Club Activity Liaisons, Class Instructors, Volunteers, or other members on request and as part of our daily business:

__Yes, you may give it out. It's not a private number.

__No, do not give it out. Take a message and I will check the member mailbox on my own (note: by selecting "No" you may not be notified in time if there are changes to the activity)

- On occasion SEESA uses a broadcast phone call to remind you of upcoming events or activity cancellations. While we strongly recommend receiving them you do have the option to opt out.

__Yes, I appreciate the notification

__No, please do not include me in broadcast messages

ADDRESS*: _____

CITY: _____ **POSTAL CODE:** _____

COMMUNITY: _____ (i.e. Holyrood, Bonnie Doon...)

EMAIL: _____

- South East Edmonton Seniors Association sends electronic messages such as our newsletter, emails, attachments and notifications promoting our activities. We cannot send you these communications without your permission to do so.

Please **INITIAL** beside your choice only if you have an email address:

____ 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

- Do you use social media? Y N If so what do you use? (circle all that apply)

Facebook Twitter Instagram LinkedIn YouTube Other _____

Office Use Only	
Membership #	_____
Associate Member	<input type="checkbox"/>
Name	_____
Birth Date	_____
Phone #	_____
Emergency Contact	_____
Membership Sponsorship	<input type="checkbox"/>
Email Consent Initialed	<input type="checkbox"/>
Volunteer Form	<input type="checkbox"/>
Signature	_____
MSC Basic Info Added	<input type="checkbox"/>
MSC Picture Taken	<input type="checkbox"/>
MSC Fob issued	<input type="checkbox"/>
MSC Group	<input type="checkbox"/>
Receipt #	_____
Approved by (initials)	_____
Book	<input type="checkbox"/>
MSC Data Entry	<input type="checkbox"/>
Proof	<input type="checkbox"/>

IN CASE OF EMERGENCY – PLEASE CONTACT:

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

FOR STATISTICAL PURPOSES:

- What gender do you identify as?: _____ Marital Status: _____
- Do you consider yourself to be a visible minority? (circle one) Yes No
- Are you retired? (circle one) Yes No What was/is your occupation? _____

SEESA relies on the power of our volunteers to sustain our centre. We ask our members to give as they are able. Are you willing to be asked to volunteer? (circle one) Yes No

For a donation of \$30 you can sponsor a senior(s) who cannot afford membership.
Would you be willing to purchase a sponsorship? (circle one) Yes No

South East Edmonton Seniors Association Program Waiver

I _____ recognize that the activity 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 activity I am joining.

Also, regarding online programming:

1. I am aware of the limitation of my physical environment and will take appropriate steps to prepare my space for the needs of this activity including but not limited to using appropriate equipment.
2. I understand that the instructor for an online class will not be able to provide the same level of supervision and individual instruction that they could for an in person class
3. I understand that SEESA has taken all the necessary precautions to provide a safe virtual environment

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 am aware that in the SEESA building there is potential exposure to infectious and communicable disease, including but not limited to COVID-19.

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

SIGNATURE*: _____ **DATE:** _____

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

SEESA Welcomes You!