

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	
Name	
Birth Date	
Phone #	
Address	
Emergency Contact	
Email Consent Initialed	
Volunteer Form	
Signature	
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:** _____

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? _____

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

- Newspaper Ad Information Booth Poster SEESA Newsletter
- Dr. Referral Friend SEESA Website Other _____

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

If no, please consider making a financial donation in lieu of volunteering.

Donations over \$10 will receive a charitable tax receipt.



SEESA: My Charity of Choice

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 and to opt out they should be directed in writing to the President, South East Edmonton Seniors Association, 9350 82 St NW, Edmonton T6C 2X8.