

Change of Personal Information

Membership # _____

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Change of Address | <input type="checkbox"/> Change of Emergency Contact |
| <input type="checkbox"/> Change of Phone Number | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Email Consent | _____ |

Office Use Only	
Book	
Database	
Myseniorcenter	

NAME: Last: _____ First: _____

PREFERRED (if different from your first name): _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE NUMBER: _____ ALTERNATE PHN #: _____

EMAIL: _____ COMMUNITY (Holyrood): _____

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

MARITAL STATUS: _____

BIRTHDATE: **Month*** _____ **Day** _____ **Year*** _____

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

IN CASE OF EMERGENCY– PLEASE CONTACT:

Name: _____ Phone: _____

Relationship: _____

Second contact required if the first contact resides with you

Name: _____ Phone: _____

Relationship: _____