

MEMBERSHIP REGISTRATION FORM

Name:	Date of Birth:		*Required
	Month	/ Day /	Year .
Address:		Apartment #	!
Town:	Post Code:		
Home Phone / Cell Phone	Email:		
I give permission to receive email notices from the Woolwich Seniors	Association		
PARTICIPATION WAIVER	MEDIA RELEASE PERMISSION		
By signing below, I agree and understand that participating in any program (s) or activity with the Woolwich Seniors Association, may involve personal risk of damage or injury and agree to assume all such risk and release the Woolwich Seniors Association and the Corporation of the Township of Woolwich and its employees, agents and volunteers from any and all claims whatsoever, for damage or injury to me that might result from my participation.	The Woolwich Seniors Association will from time to time, take photographs or recordings during programs or events. Sharing these photographs and recording is a great way to promote the senior's community. This may include newspaper, television, website, Facebook, twitter, you tube and the Senior's Room TV. By signing below, I give permission for the Woolwich Seniors Association to use any photos/recoding taken of me, for any social media purposes.		
Signature:	Signature		
ZERO TO	LERANCE		
Under the Ontario Human Rights Code , every person has th signing below, I understand and agree that any type of harass ignored at the Woolwich Seniors Association . If a claim of h and if proven, disciplinary measures will be applied, up to and	ment or discrimination will no arassment or discrimination	ot be tolerate is reported,	ed, condoned or
Signature:			
EMERGENCY CONTACT INFORMATION			
Name:	Relationship to Member		
Home Phone:	Cell Phone:		
MEMBERSHIP PAID (Office Use Only) 2024 2025 2026 This information is collected for the sole purpose of Membership Registration business or organization.		2030 ation and will n	not be shared with any other

DATE: _____