Square One Older Adult Centre Membership Form

SQUARE ONE OLDER ADULT CENTRE

SQUARE ONE SENIORS WELLNESS SERVICES

Member 2012	Member 2013	Member 2014	Member 2015	Member 2016
Member 2017	Member 2018	Member 2019	Member 2020	Member 2021

Square One Older Adult Centre		
Name:		Membership #:
Address		Member Since:
City:	Prov:	Postal Code:
Telephone:		
E-mail		
Birthdate:		

Emergency Contact 1		Emergency Contact 2	
Name:		Name:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Business Phone:		Business Phone	

Welcome to the Centre. Your membership to Square One Older Adult Centre also includes membership in the Square One Seniors Wellness Services, our seniors health and wellness charity. By signing this form you have consented to the use of this personal information by Square One Older Adult Centre and Square One Seniors Wellness Services. The information given to us on this form will be used to maintain an accurate membership database for the purposes of determining membership eligibility, mailing or emailing information regarding Square One Older Adult Centre and Square One Seniors Wellness Services activities, sending email alerts, mailing or emailing print newsletters and brochures, requests for donations to the Square One Seniors Wellness Services and Square One Older Adult Centre, to distribute tax receipts, to ensure donor recognition, to conduct internal surveys or focus groups, and to provide members of notification of meetings. **Your information will not be shared on any basis with other organizations**. Members and donors have the option to decline the use of their personal information. If you wish to be removed from our list, please contact us at 905 615-3207 to rescind your consent for use of this information. **Square One Older Adult Centre and Square One Seniors Wellness Services do not trade or sell personal information about members or donors.** To review our privacy policy you may visit our web-site at www.sq1oac.com. This information is collected under Ontario's Freedom of Information and Protection of Privacy Act 39(1) and Section 65.1. *Square One Seniors Wellness Services Charitable Registration #: 81959 5893 RR0001*

In addition your signature on this document implies that you accept responsibility for your own medical coverage and give permission for staff and volunteers of the Square One Older Adult Centre and Square One Seniors Wellness Services to arrange for any emergency medical care, including hospitalization and transportation if necessary, and agree to pay for all expenses and costs incurred thereby. If emergency medical care is required, all attempts will be made to contact emergency contact person(s) shown above. I agree to release and indemnify and save harmless the City of Mississauga, Square One Shopping Centre, OMERS Realty Management Corp., OPGI Management Limited Partnership and the staff and volunteers of the Square One Older Adult Centre from all claims arising from participation in any program, activity, event, or trip organized by the staff and/or volunteer at Square One Older Adult Centre by any cause whatsoever. Your signature also implies compliance with the Square One Older Adult Centre Code of Conduct and the Square One Older Adult Centre Accessible Customer Service Standard. I also hereby give my permission for images of myself captured during regular and special Centre activities through video, photo and digital camera to be used solely for the purposes of Square One Older Adult Centre and Square One Seniors Wellness Services promotional material and publications, and waive any rights of compensation or ownership thereto.

NOTE: Please inform the Centre of any changes to address or phone numbers. There is a minimum fee of $1.50 each time a member attends a program activity

Annual Membership For 2012
$26.00 (Residents of Mississauga)
$30.00 (Non-residents)
$32.00 Corporate Membership

Annual Ethno-cultural Program Partner Fee for 2012: $12.00 (Residents & Non– Residents)
☐ Caribbean ☐ Chinese ☐ Goan ☐ MAS ☐ Deaf Seniors Group
☐ ALCE ☐ Silayan

Membership fees amount paid in cash or by cheque (*including additional payment of Ethno-cultural Partner Program Fee if applicable*) $_____

SIGNATURE:_____ DATE:_____

Please return this form in person to Square One Older Adult Centre Administration Desk
or by mail to Square One Older Adult Centre,100 City Centre Drive P.O. Box 2214, Mississauga Ontario L5B 2C9