



## Membership Form - Annual Membership \$35.00

Good Neighbours Active Living Centre Inc. strives to enhance the quality of life for older adults by providing programs, services, and opportunities for social interaction that contribute to overall well-being and a sense of community.

The information on this form is confidential and will be used strictly by GNALC for contact purposes and to ascertain member interests. Please update your information as needed.

**PLEASE PRINT**

Date Stamp:

Last Name	First Name	Usual Name

Mr.  Mrs.  Ms.  
**BIRTHDATE:** (optional) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone :** (    ) \_\_\_\_\_ **New Members Only: How did you hear about GNALC?**

**Cell:** (    ) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone :** (    ) \_\_\_\_\_

Do Not wish to give an emergency contact

**Cell:** (    ) \_\_\_\_\_

The Newsletter will be sent via email if you have an email address. If you do not have an email, it will be mailed to you. If you do not want a Newsletter please let us know.

**Email:** \_\_\_\_\_  
PLEASE PRINT CLEARLY

Do Not Send Newsletter

Would you like to be contacted by our Coordinator of Volunteers to explore volunteer opportunities at GNALC?

**Areas of Interest**

Yes  No

- |                                                 |                                      |                                                             |
|-------------------------------------------------|--------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Committee – Governance | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Retail                             |
| <input type="checkbox"/> Committee – Operations | <input type="checkbox"/> Newsletter  | <input type="checkbox"/> River East Seniors Resource Finder |
| <input type="checkbox"/> Computer               | <input type="checkbox"/> Office      | <input type="checkbox"/> Special Events                     |
| <input type="checkbox"/> Food Services          | <input type="checkbox"/> Phoning     | <input type="checkbox"/> Support to Seniors                 |
| <input type="checkbox"/> Friendship             | <input type="checkbox"/> Programs    | <input type="checkbox"/> Other: _____                       |

**Please List any NEW PROGRAMS/SERVICES you would like?** \_\_\_\_\_

**Please read the following:** Good Neighbours Active Living Centre Inc. does not accept any responsibility for claims, demands, damages, actions or causes of actions arising out of, or in consequence of, any loss, injury or damage to any person incurred while attending at, or participating in activities, organized, sponsored or carried out by Good Neighbours Active Living Centre Inc. In particular, all physical activities are, “at the risk of the participant”. I have read and understand this disclaimer and give consent to the gathering of the above information for the purposes previously mentioned.

**Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Renewal  New  Past Member

**Expiry Date:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

Cash  Cheque & No. \_\_\_\_\_  Etransfer

Card (type): \_\_\_\_\_  Initials

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**CRM:**

Entered in Contacts  Transactions \_\_\_\_\_

**Checked by** \_\_\_\_\_

Revised November 24, 2022

IF YOU PARTICIPATE IN OR INTEND TO PARTICIPATE IN ANY FITNESS PROGRAM, PLEASE FILL OUT A **GET ACTIVE FORM**