



UNIONVILLE COMMUNITY  
CENTRE FOR SENIORS

# Membership Application Form

**Membership Term:** \_\_\_\_\_ 2026 - \_\_\_\_\_ 2027

Please complete and drop off at: Central United Church, 131 Main Street Unionville

OR mail to: 4300 Highway 7, Unionville, ON L3R 1L8

## **Personal Information:**

**Full Name:** \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Phone Number: Home** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Membership Fee: \$30.00**      **Please Check:**      **NEW** or **RENEWAL**

**Payment Form:**      Cash      Credit Card      Cheque

## **Credit Card Information:**

**Type:**      Visa      MasterCard

**Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
(As it appears on your card)

**Expiry Date:** \_\_\_\_\_ **CVS#:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please note:** Membership fees are NOT eligible for a charitable receipt and are NOT tax-deductible.

## **RELEASE OF LIABILITY, HOLD HARMLESS AND WAIVER OF RIGHTS:**

By signing below, I voluntarily participate in programs and all related activities offered at the Unionville Community Centre for Seniors (UCCS) and its satellite locations.

I agree to assume and accept all risks, and be solely responsible for any injury, loss or damage arising out of, associated with or related to my participation in any program and all related activities provided by and at UCCS; to hold harmless and indemnify Unionville Home Society (UHS) and UCCS from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in any program and all related activities; and to hold harmless and indemnify and release UHS officers, directors, agents, volunteers, employees and representatives from liability for any and all claims, demands, actions and costs which might arise out of my participation in program and all related activities stated above.

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

**OPTIONAL: The below survey is voluntary, but participation in completing these questions will help our centre to develop programming to reflect the community we serve.**

**Languages Spoken:** \_\_\_\_\_

**Birthday :** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Program Interests:** \_\_\_\_\_

**Are you interested in our Volunteer Opportunities:** \_\_\_\_\_

***Thank you for your membership.  
We look forward to seeing you at the Centre.***

### **OFFICE USE ONLY**

Registration Date: \_\_\_\_\_ Process Date: \_\_\_\_\_

MSC Number: \_\_\_\_\_ MSC Receipt #: \_\_\_\_\_

Staff Authorization: \_\_\_\_\_