



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: _____