



The Seniors on the Bow of
Cochrane and Area Society

MEMBERSHIP/ RENEWAL APPLICATION

GENERAL INFORMATION

Last Name: _____ First Name: _____

Address & Postal Code: _____

Phone Number: _____

Email: _____

Birthdate: _____

Would you like to volunteer? YES

Host/Hostess Kitchen Reception Special Events

*Are there services, programs or interests that you would like to see offered at the centre?

EMERGENCY CONTACT INFORMATION (Collected In Case of Emergency Optional)

Contact Name: _____ Contact Phone Number: _____

Relationship: _____

****Please sign the next two pages****

MEDIA RELEASE FORM (PHOTOS)

I do hereby grant permission to the Seniors on the Bow of Cochrane Area Society, its agents and others working under the authority, full and free use of video and photographs containing my image/likeness. I understand these images may be used for promotional purposes, news, research and/or educational purposes.

I hereby release and save harmless Seniors on the Bow of Cochrane Area Society and its agents from any and all claims, demands, or causes or action that I may hereafter have by reason of anything contained in the photographs or video.

I do further certify that I am of legal age and possess the full legal capacity to execute the foregoing authorization and release.

I HAVE READ AND DO NOT AGREE TO THE MEDIA RELEASE.

Signature: _____ Date: _____

TURN PAGE OVER

This information is being collected under the authority of Seniors on the Bow of Cochrane Area Society and will be used for the sole purpose of Seniors on the Bow of Cochrane Area Society business and in the case of an emergency. Seniors on the Bow of Cochrane Area Society is committed to safeguarding the personal information entrusted to us by our members. If you have any questions about the collection contact the Seniors on the Bow Centre at 403-932-6002 or email sotbcentre@gmail.com

OFFICE USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> \$30.00 Membership Fee Paid:
Cheque Cash E-Transfer | <input type="checkbox"/> Add to Gmail Contact List |
| <input type="checkbox"/> Complete written receipt | <input type="checkbox"/> Update Volunteer in Gmail |
| <input type="checkbox"/> Update Membership List | <input type="checkbox"/> File |

Receipt #: _____ Date: _____

CODE OF CONDUCT

All members and volunteers of Seniors on the Bow of Cochrane Area Society, and drop-in guests will be required to adhere to Code of Conduct when participating in programs and/or utilizing the centre's resources. Infractions will be grounds for action by the Seniors on the Bow Board of Directors which may include: verbal warnings, written warnings, suspension of membership and expulsion of membership with all the rights and privileges thereof;

1. I will treat others (members, guests, rental tenants, volunteers & staff) with courtesy and respect.
2. I will be mindful that there are a variety of needs and interests represented by the membership of our Society and that not all services and programs will impact me directly but are equally important.
3. When I have a concern, I will bring it forward with respect to the Board Member or Staff.
4. I will not use profanity or engage in the use of derogatory language or actions that are: abusive, threatening, loud, insulting or harassing (including racial, religious and/or sexual remarks).
5. I will not engage in acts of violence, disrespect for authority and/or unsportsmanlike conduct.
6. I will not smoke on the premises in accordance with local ordinances.
7. I will not abuse, or misuse Centre property and I will not remove any property from the Centre without permission from a Board member or Staff.
8. I will adhere to the hours of operation of the Centre for activities and programs and will respect the right of lease tenants, their guests and their rental activities.

MEMBERSHIP AGREEMENT

1. I hereby declare that I am age 50 or older.
2. I understand that the membership year runs from January 1 to December 31.
3. I understand that I am capable of self-care while at the Centre or I will bring an aide who can provide care.
4. I understand that by becoming a member of the Society I will be required to abide by the governance of the elected members of the Society and that as a member, any concerns I have can be put forward to the Board for consideration, either through a letter, phone call, personal meeting or presentation at a regular scheduled board meeting, at the discretion of the board members themselves.
5. I understand that I will be required to abide by the Code of Conduct, whenever I am participating in activities with the Seniors on the Bow Centre.
6. I understand that this membership entitles me to participate in activities and events and that operation of this Centre is governed by the Policies and the By-laws of the Society.
7. I understand that there may be enrollment fees in addition to my membership fee, for activities, programs, classes and events, as advertised.
8. I understand that the information collected on this form is held in confidence and kept in secured files. It will be used for Centre purposes and will not be given to any other organization. This information will be securely disposed of after one calendar year from when my membership becomes inactive.
9. I understand that any activities associated with the Seniors on the Bow of Cochrane and area Society, by their very nature, involve risks. As a condition of the Seniors on the Bow Society allowing me to participate in the Programs, I agree to waive all claims that I have or may have in the future against the Seniors on the Bow for any injury, property damage, financial loss, or any other loss that may result directly or indirectly from my participation in activities at Seniors on the Bow Centre.
10. I consent to receive email information from Seniors on the Bow. The email address I have provided is to be used.

I have read and agree to abide by the Code of Conduct and the Membership Agreement

Signature: _____ Date: _____