



Innisfail Senior Drop-In Society

New Membership

PLEASE PRINT:

Member Information: New Update

Last Name: _____ First Name: _____

Mailing Address (if different): _____

Town/County: Innisfail Red Deer County Other (specify) _____

Postal Code: _____ Primary Phone #: _____

eMail: _____

Birth Year: _____ Month (Circle): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Emergency Contact Information:

Last Name: _____ First Name: _____

Primary Phone #: _____ Relationship to You: _____

Volunteers: We are an organization run by the membership. If you would like to consider supporting the organization through volunteering, please indicate below:

Volunteering: Yes Possibly No

Volunteer Categories: Board Lunch Birthday Jam Events Occasional

Innisfail Senior Drop-In – Information Disclosure Policy

The Innisfail Senior Drop-In Society will use and disclose information only for the purposes for which it is collected as per the Freedom of Information and Protection of Personal Privacy Act (Alberta).

Innisfail Senior Drop-In Society – Media Policy

The Innisfail Senior Drop-In Society may on occasion visually record in the venue for the purposes of advertising, promotion, exhibition, or any other lawful purpose.

- I have read and acknowledged both the Information Disclosure Policy and Media Policy.
- I agree to abide by all other guidelines and policies of the Innisfail Senior Drop-In Society.
- I agree to have information emailed from the Innisfail Senior Drop-In Society.

Date: _____ Signature: _____

FOR ADMINISTRATION PURPOSES

DB Input: Date _____ Initials _____ EM-Address/List: Date _____ Initials/Initials _____ EC List: Date _____ Initials _____