



# Innisfail Senior Drop-In Society

## Membership Form

New Member

Renewal

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing: \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ P. Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birthday (m/day/year): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The Innisfail Senior Drop-In Society will use and disclose information only for the purposes for which it is collected. Unless the individual consents or the Freedom of Information and Protection of Personal Privacy Act (Alberta) permits the use or disclosure without consent, in case of an emergency.

I agree to have information from the Innisfail Senior Drop-In Society sent to my e-mail address.

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

### Innisfail Senior Drop-In Society Photography Release Waiver

I give Innisfail Senior Drop-In Society photographer the irrevocable right to use my picture, portrait or photograph in all forms, media and manners without restriction as to changes or alterations, for advertising, trade, promotion, exhibition, or another lawful purpose.

I waive any right to inspect or approve the photographs or electronic matter that maybe used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I am 18 years of age and am competent to sign this release. I have read this release and waiver and am fully familiar with its contents.

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

### Administration Use Only- Fees Paid:

Year \_\_\_\_ pd  Year \_\_\_\_ pd  Year \_\_\_\_ pd  Year \_\_\_\_ pd

Year \_\_\_\_ pd  Year \_\_\_\_ pd  Year \_\_\_\_ pd  Year \_\_\_\_ pd