

Membership Application Form

Membership Year - August 1, 2025 to July 31, 2026 (available May 1st)

Date of this Application: Day _____ Month _____ Year 20_____

Membership: 1 Year membership is \$30.00.

Payment by: Cash _____ Cheque _____ CC (on line only) _____

This is a: Renewal _____ New Membership _____ New Complimentary _____

Last Name _____ First Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ Cell Number _____

E-Mail Address _____

Age (Optional) _____ Years. Note: Membership is free for 90+ years of age.

Emergency Contact

Name _____ Phone Number _____

If not already volunteering, would you be willing to volunteer to help with:

Greeter _____ Kitchen _____ Events _____ Travel _____ Maintenance _____

Computer _____ Office Admin. _____

The Monthly Newsletter is available: You can see it on the website, pick up a paper copy in the Centre, or have it mailed to you for a fee of \$10, [please enclose the payment with this application form.]

Please read and sign the Personal Privacy Information and the Disclaimer on the reverse of this page.

Your Membership card will be available at the Greeter's Desk – be prepared to show your Membership Card when entering the Centre.

PERSONAL PRIVACY INFORMATION

As a result of British Columbia's Personal Information Protection Act (PIPA) dated January 1, 2004, we must inform members joining after that date the reason(s) why we collect, use and disclose their personal information. The Qualicum Beach Seniors' Activities Centre collects and uses your name, address, telephone number and email address to fulfill the following:

-To maintain a register of members; to identify and contact members; issue receipts for dues and issue membership cards.

-To mail Centre newsletters, contact volunteers, advise members of trips or functions, pick up door-to-door on some trips, publish names and/or photos in newspapers or Centre historical records and mail "get well" cards to sick members. Access to personal information is restricted to Centre members requiring it during the performance of their duties. It is not available in any form to outside agencies or persons except when required to inform travel agencies of members signing up for trips and/or activities. Names may be displayed in public areas of the Centre.

I HAVE READ THE PERSONAL PRIVACY INFORMATION _____

I agree _____ I do not agree _____ with the use of my personal information

DISCLAIMER STATEMENT

Always consult your physician or healthcare provider before beginning any exercise program. Workouts conducted in the Centre or presented. Modifications may be given for certain exercises, however, due to the nature of the workouts, providing specific modifications for each participant will not be possible. All specific medical questions should be presented to your own health care provider, and you should seek medical advice before starting any type of workout program.

If you choose to use this information and participate in any of the programs offered by Qualicum Beach Seniors' Activities Centre without prior consent of your physician, you are agreeing to accept full responsibility for your decisions and agreeing to hold harmless The Qualicum Beach Seniors' Activities Centre Society, its agents and/or employees from any liability with respect to injury or illness to you or your property arising out of or connected with your use of the information contained within any programs offered by The Qualicum Beach Seniors' Activities Centre Society.

Exercise is not without its risks and this or any other exercise program may result in injury. As with any exercise program, if at any point during your workout you begin to feel faint, dizzy or have physical discomfort, you should stop immediately and consult a medical professional. You should rely on your own review, inquiry, and assessment as to the accuracy of any information made available within the programs.

We strongly advise participants complete a Par Q questionnaire to assist in participant awareness of all personal health conditions that may be contra-indicative of online fitness classes: Par Q; <http://eparmedx.com/>. A copy of this questionnaire is available through our office. A copy of the Constitution and Bylaws is available on request.

I ACKNOWLEDGE HAVE READ AND UNDERSTOOD THE DISCLAIMER STATEMENT

Indicate here _____