



Clarkson Community Centre  
 2475 Truscott Drive  
 Mississauga ON

Member Dues

Received by:

## Membership Application

### Member Information

Membership Year: **2025**

Member #

First Name:

Last Name:

Sex:

Birthdate:   
day/month/year

AgeGroup:

55-59 60-64 65-69 70-74 75-79 80-84 85+

Address:

City:

Postal Code:

Primary Phone:

Other Phone:

Email:

Activities	
Bridge	<input type="checkbox"/>
Carpet Bowling	<input type="checkbox"/>
Crafts & Social	<input type="checkbox"/>
Drop-In Fitness	<input type="checkbox"/>
Euchre	<input type="checkbox"/>
Fitness -1 (MWF)	<input type="checkbox"/>
Fitness -2 (MWF)	<input type="checkbox"/>
LineDance	<input type="checkbox"/>
Ballroom Line Dance	<input type="checkbox"/>
Sit and Dance	<input type="checkbox"/>
Social	<input type="checkbox"/>
Tai Chi	<input type="checkbox"/>
Bingo	<input type="checkbox"/>

Please list any medical problems/allergies that we should be aware of:

### Emergency Contact Information

	First person to contact	Alternate person to contact
Name:	<input type="text"/>	<input type="text"/>
Primary Phone Number:	<input type="text"/>	<input type="text"/>
Alternate Phone Number:	<input type="text"/>	<input type="text"/>
Relationship:	<input type="text"/>	<input type="text"/>

Signature: <input type="text"/>	Date: <input type="text"/>
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