



Clarkson Community Centre
 2475 Truscott Drive
 Mississauga ON

Member Dues

Received by:

Membership Application

Member #

Member Information

Membership Year: **2026**

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Sex:	<input type="text"/>
Birthdate:	<input type="text"/> day/month/year
AgeGroup:	<input type="text"/>
	55-59 60-64 65-69 70-74 75-79 80-84 85+
Address:	<input type="text"/>
City:	<input type="text"/>
Postal Code:	<input type="text"/>
Primary Phone:	<input type="text"/>
Other Phone:	<input type="text"/>
Email:	<input type="text"/>

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"/>
Line Dance	<input type="checkbox"/>
Line Dance - Level 2	<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:	Date:
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