## Clarkson Seniors Association

**Clarkson Community Centre,**
**2475 Truscott Dr., Mississauga ON L5J 2B3**
**www.ClarksonSeniors.com**

**Application & Payment Received By:**

**Date Received:**

*dd.Mmm.yyyy e.g., 01.Jan.1999*

# NEW MEMBER APPLICATION - 2027 Member Dues $10

**MEMBERSHIP COORDINATOR USE ONLY:**

Entered By: Date Entered: Member ID #:

**First Name:**

**Last Name:**

**Gender:**

**Date of Birth:**

*dd.Mmm.yyyy e.g., 01.Jan.1999*

**Address:**

**City:**

**Postal Code:**

**Home Phone:**

**Cell Phone:**

**Email:**

## Activities

- **Bingo** ☐
- **Bridge** ☐
- **Carpet Bowling** ☐
- **Crafts & Social** ☐
- **Drop-In Fitness** ☐
- **Euchre** ☐
- **Fitness -1 (MWF)** ☐
- **Fitness -2 (MWF)** ☐
- **Line Dance** ☐
- **Line Dance - Level 2** ☐
- **Sit and Dance** ☐
- **Tai Chi** ☐

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

## Emergency Contact Information

| | First Person to Contact | Alternate Contact Person |
|---|---|---|
| **Name:** | | |
| **Primary Phone Number:** | | |
| **Alternate Phone Number:** | | |
| **Relationship:** | | |

Signature: Date:

**Consent to Collect, Use and Disclose Personal Information:** By signing above, I hereby authorize the Clarkson Seniors Association to disclose the information on this form for the following purposes: Member Communication; Contacting my emergency contacts (if required); Providing my information, only as necessary and requested, to the City of Mississauga for program compliance. It will be stored securely and accessed only by authorized volunteers or administrators; It will not be sold or used for commercial purposes; I may request access to or correction of my information at any time.