

**ISLINGTON CENTRE - ETOBICOKE SENIOR CITIZENS**  
**Membership Application**

*Information gathered on this form is confidential and will only be used by the  
Islington Seniors' Centre*

Date \_\_\_\_\_ Membership# \_\_\_\_\_ (office use)

Surname \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms \_\_\_\_\_

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
mm/dd/yr

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Language/s spoken \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Do you have any medical conditions that you would like us to know about? Please  
specify in case of emergency:**

\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Contact Home phone** \_\_\_\_\_ **Contact Cell phone** \_\_\_\_\_

**Current Interests** \_\_\_\_\_

***I understand that the Islington Seniors' Centre will provide every safeguard for the health  
and welfare of each member, but will be released from all claims, demands, and actions  
whatsoever arising out of the participation in any of their programs, special events or  
while present at the Centre.***

***I agree to abide by the Code of Conduct for the Centre. I understand that if I violate the  
Code of Conduct, I will be asked to immediately leave the Centre and my conduct and  
membership will be reviewed by the Board of Directors of the Islington Seniors' Centre.***

**Signature of Applicant:** \_\_\_\_\_

(\*if you have more than one emergency contact that you would like to provide, please write the  
information on the back of this form)

Thank-you for joining the Centre.