



# MEMBERSHIP APPLICATION FORM

**Membership Term:** \_\_\_\_\_ 2023 - \_\_\_\_\_ 2024

**Please complete and drop off at one of the locations listed on page 2 or  
mail to:**

**UCCS c/o 4300 Hwy 7, Unionville, ON L3R 1L8**

**Membership Fee: \$30.00**      **Please Circle**      **NEW**      or      **RENEWAL**

**Payment Form:**   ☐ Cash   ☐ Credit Card   ☐ Cheque  
(Payable to: Unionville Home Society)

## **Credit Card Information:**

**Type:**   ☐ Visa   ☐ MasterCard

**Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
(As it appears on your card)

**Expiration Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please note:** *Membership fees are NOT eligible for a charitable receipt and are NOT tax-deductible.*

## **Personal Information:**

**Full Name:** \_\_\_\_\_  
First Name Last Name

**Gender:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street City Postal Code

**Seniors Residence(if applicable):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact**

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Languages Spoken:** \_\_\_\_\_

**Date of Registration:** \_\_\_\_\_

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**OFFICE USE ONLY:**

**MySeniorCenter Membership #:** \_\_\_\_\_

**Input Date:** \_\_\_\_\_ **Staff Authorization:** \_\_\_\_\_

**UNIONVILLE COMMUNITY CENTRE FOR SENIORS**

**LOCATIONS & HOURS:**

1. Bethesda Evangelical Lutheran Church, 20 Union Street, Unionville, ON L3R 2H5

Monday, Tuesday, Thursday - 10:00 am to Noon

2. Central United Church, 131 Main Street Unionville, Unionville, ON L3R 2G3

Monday to Thursday - 1 pm to 4 pm

*For more information, please contact us at: (437) 431-2831 or by email at:  
mnaqi@uhs.on.ca*

*Thank you for your membership.  
We look forward to seeing you soon at one of our UCCS program  
locations.*



## Unionville Community Centre for Seniors

### TERMS & CONDITIONS WAIVER

#### *Indemnification and Release of Liability*

By signing below, I voluntarily participate in programs and all related activities offered at the Unionville Community Centre for Seniors (UCCS).

I agree:

- To assume and accept all risks, and be solely responsible for any injury, loss or damage arising out of, associated with or related to my participation in any program and all related activities provided by and at UCCS;
- To hold harmless and indemnify Unionville Home Society (UHS) and UCCS from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in any program and all related activities;
- To hold harmless and indemnify and release UHS officers, directors, agents, volunteers, employees and representatives from liability for any and all claims, demands, actions and costs which might arise out of my participation in program and all related activities stated above.

Member Name (*Please Print*): \_\_\_\_\_

Member Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

