



First Name: _____
 Last Name: _____
 Telephone: _____
 E-mail _____

Would you like us to email the newsletter and other updates to you monthly?

Address: _____
STREET # STREET NAME

APT # CITY

POSTAL CODE

Birthday: _____-_____-_____
MM DD YYYY

*We will include your name in our Birthday newsletter list unless you note otherwise

Ethnicity: _____ (for statistical purposes)

- ◆ Female Male
- ◆ Are you a **new** member? Yes
- ◆ Spanish Program member? Yes

Emergency Contact:

First Name: _____
 Last Name: _____
 Relationship: _____
 Phone Number: _____
 _____-_____-_____

Medical Information:

Do you have any health concerns that we should know about in case of an emergency? Yes

If **yes**, please specify:

Allergies:

Medications:

PLEASE CONTINUE ON OTHER SIDE



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How did you find out about us?

- Newsletter in the community
- Poster
- Walked by the Centre
- Through a member/volunteer of the Centre
- Community Agency
- Website
- Chalmers Lodge
- Other: _____

Interested in volunteering?

We have many types of volunteer roles at the Centre that require varying degrees of commitment (weekly, special events, etc).

If you are interested in volunteering, please ask reception for more information.

The cost of membership is \$20/year and must be renewed annually.

As a member, you are entitled to:

- Free access to the social drop-in area
- Access to a secure, friendly and respectful social environment
- Access to programs, drop-in activities, outings, social events and workshops at discount rate
- Newsletters and other related publications
- Health Services
- Information & Referral counseling
- Volunteer Opportunities

The South Granville Seniors Centre's mission is to work together with adults 55+ to support their well-being in ways that promote friendship, diversity, and individual worth.

I understand that SGSC will use my information to keep me up to date about their activities and to have emergency contact information accessible if need arises during an emergency. SGSC will not disclose my information without my consent and does not rent, sell, or trade their mailing list.

Date: _____

Signature: _____

Visiting Committee:

Would you like the Visiting Committee to contact you if you become ill or housebound?

Yes

Newsletter Mail Subscription?

If you would like us to mail you a newsletter for \$12/year (12 issues), please let reception know.

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Nombre: _____
 Apellido: _____
 Teléfono: _____
 E-mail: _____

 Domicilio:

 NUMERO # NOMBRE DE LA CALLE

 APT # CIUDAD

 CODIGO POSTAL

 Compeanos: / _____
 Mes Dia Año
 Origin Etnico: _____
 (para proposito de estadisticas)

*We will include your name in our Birthday newsletter list unless you note otherwise

- ♦ Mujer Hombre
- ♦ Es usted un miembro nuevo? Yes
- ♦ D Miembro del programa de Espanol? Yes

Contacto de Emergencia:

Nombre: _____
 Apellido: _____
 Parentezco: _____
 Numero Telefonico: _____
 _____-_____-_____

Medical Information:

Padece usted alguna condicion medica que debamos saber caso de emergencia? Yes

Si si,por favor especifique:

Alergias:

Medicamentos:

Por favor continue al reverse



Nombre: _____
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Por favor continue al reverse



Comose entero de nosotros?

- Folleto de la comunidad
- Poster
- Caminando vio el centro
- A Traves de un miembro/ voluntario del centro
- Agencia Comunidad
- Sitio internet
- Chalmers Lodge
- Otro: _____

Interesado en voluntariado?

Tenemos varios tipos de voluntariados, cuyos roles dependen de varios tipos de compromise (semanal, mensual, etc)

Si usted esta interesado en voluntariado, por favor pregunte en la recepcion. for more information.

El costo de la membresia es de \$20/anual y se renueva anualmente.

Como miembro usted tienje derecho a:

- Libre acceso al area social.
- Acceso a un espacio seguro, respectable y amistoso.
- Acceso a programas, eventos sociales, cursos.
- Noticias y publicaciones
- Servicios de salud
- Informacion y atencion de consejo.
- Oportunidad de Voluntareado

La mision de South Granville Seniors Centre's es trabajar juntos con adultos mayores de 55+ para colaborar con su bienestar, promover el companierismo, Amistad, diversidad y crecimiento personal.

Comprendo que el SGSC utilizara mi informacion para brindarme servicio y para accesar mis contactos de emergencia accesibles, en caso de requerirse. SGSC no dara mi informacion sin mi9 conocimiento y consentimiento y no intercambiara, rentara o vendera mi informacion.

Date: _____

Signature: _____

Comite de visita:

Quiere usted que el comite de visita lo contacte en caso de que usted enferme o permanezca en casa?

Yes

Suscripcion a folleto informativo?

Desea recibir el folleto por \$12/al anio (12 folletos) por favor solicitelo en recepcion

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