



Membership Form

Member 2023	Member 2024	Member 2025	Member 2026	Member 2027
Member 2028	Member 2029	Member 2030	Member 2031	Member 2032

Active Adult Centre of Mississauga—PLEASE PRINT CLEARLY		
First Name:	Last Name:	
Address	Member Since:	
City:	Prov:	Postal Code:
Telephone:		
E-mail:		
Birthdate:	Membership Fob #	

Emergency Contact 1		Emergency Contact 2	
Name:		Name:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Business Phone:		Business Phone:	

Welcome to the Centre. By signing this form you have consented to the use of this personal information by Active Adult Centre of Mississauga. The Active Adult Centre of Mississauga utilizes reasonable and appropriate physical, technical and administrative procedures to safeguard the information we collect and process. Electronic information is cloud based and managed by a trusted third-party service provider. The information herein will be used to maintain an accurate membership database for the purposes of determining membership eligibility, mailing or emailing information regarding Active Adult Centre of Mississauga activities, sending email alerts, mailing or emailing print newsletters and brochures, requests for donations to the Active Adult Centre of Mississauga, to distribute tax receipts, to ensure donor recognition, to conduct internal surveys or focus groups, and to provide members notification of meetings. **Your information will not be shared on any basis with other organizations.** Members and donors have the option to decline the use of their personal information. If you wish to be removed from our list, please contact us at 905 615-3207 to rescind your consent for use of this information. **Active Adult Centre of Mississauga does not trade or sell personal information about members or donors.** Registration information will be shared with City of Mississauga. Your signature on this document implies consent to the measures described herein. To review our privacy policy you may visit our web-site at aacmiss.ca. This information is collected under Ontario's Freedom of Information and Protection of Privacy Act 39(1) and Section 65.1. Active Adult Centre of Mississauga Charitable Registration. (# 81959 5893 RR0001). In addition, your signature on this document implies that you accept responsibility for your own medical coverage, give permission for staff and volunteers of the Active Adult Centre of Mississauga to arrange for any emergency medical care, including hospitalization and transportation if necessary, and agree to pay for all expenses and costs incurred thereby. If emergency medical care is required, all attempts will be made to contact emergency contact person(s) shown above. *I agree to release, indemnify and save harmless the City of Mississauga, Hillmond Investments Limited and the staff and volunteers of the Active Adult Centre of Mississauga from all claims arising from participation in any program, activity, event, or trip organized by the staff and/or volunteer at Active Adult Centre of Mississauga by any cause whatsoever. Your signature also implies compliance with the Active Adult Centre of Mississauga Code of Conduct and the Active Adult Centre of Mississauga Accessible Customer Service Standard. I also hereby give my permission for images of myself captured during regular and special Centre activities through video, photo and digital camera to be used solely for the purposes of Active Adult Centre of Mississauga promotional material, pub-*

NOTE: Please inform the Centre of changes to address, email or phone numbers. There is a minimum fee each time a member attends an Active Adult Centre program

Annual Membership Waiver

\$39.75 for (Miss Residents)

\$44.05 (Non-res) 6 months \$24.25 (Miss Res.) \$29.65 (Non-res)

ALL PRICING HST INCLUDED

Annual Partner Fee for 12 months \$15.80 (Residents & Non-Residents) HST included

- Caribbean
 MCAO
 Croatia
 Polish Social Club
 Indonesian
 ALCE
 Silayan
 Happy Life EV

Membership fees amount (payable by Credit card, cash or by cheque) (including additional payment of Partner Program Fee) \$ _____

SIGNATURE: _____ DATE: _____

Please return this form in person to Active Adult Centre of Mississauga Administration Desk
 or by mail to Active Adult Centre of Mississauga, Ste. 116, 377 Burnhamthorpe Road East, Mississauga, ON L5A 3Y1