

## Confidential Membership Form

**Membership:** New  Renew

Date: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Received by: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DATE OF BIRTH: MONTH \_\_\_\_\_ / DAY \_\_\_\_\_ / YEAR \_\_\_\_\_

Have you been fully vaccinated against COVID-19? YES \_\_\_ NO \_\_\_ NO DUE TO MEDICAL REASONS \_\_\_

PLEASE NOTE: YOU MUST BE FULLY VACCINATED TO ATTEND GWEN SECTER CREATIVE LIVING CENTRE. PROOF OF VACCINATION MUST ACCOMPANY THIS REGISTRATION FORM TO PARTICIPATE IN ANY PROGRAMMING. YOU WILL BE TURNED AWAY IF THIS FORM IS NOT PRESENTED WITH PAYMENT AND PROOF OF VACCINATION ON YOUR FIRST VISIT TO GWEN SECTER CREATIVE LIVING CENTRE BEGINNING OCTOBER 2021. YOU WILL NOT REQUIRE YOUR PROOF OF VACCINATION EVERY VISIT.

IF YOU CANNOT BE VACCINATED FOR MEDICAL REASONS A DOCTORS NOTE MUST BE PRESENTED ALONG WITH THIS FORM AT TIME OF PAYMENT. ADDITIONAL RESTRICTIONS MAY APPLY.

Health conditions or concerns: \_\_\_\_\_

List of food or other allergies: \_\_\_\_\_

Method of Payment: \$40 – Single \$70 - Couple \_\_\_\_\_

Cheque  Cash  Charge  Amount: \_\_\_\_\_

Automatic Annual Renewal

VC \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

MC \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**The Gwen Sectar Creative Living Centre at Syd Glow Place reserves the right to prohibit**

**any member or participant from attending the facility or participating in programs sponsored by the Gwen Sectar, should their behaviour be deemed inappropriate**

As per Privacy Act, I give consent to my name and photo to be used in any marketing and media involving Gwen Sectar Creative Living Centre at Syd Glow Place