Membership Application 2011

Coronation 50 Plus Recreation Centre

☐ New Member ☐ Renewal

How Did You Hear About Us? ☐ Shoppers News ☐ NF Review ☐ Friend ☐ Web Site ☐ Doctor ☐ Other _____

PERSONAL INFORMATION

(Please Print Clearly)

Miss ☐ Mrs ☐ Ms ☐ Mr ☐

Resident ☐ Non Resident ☐
Niagara Falls

Last Name: _____ First Name _____
(As you would like shown on member card)

Date of Birth _____
(Month) (Day) (Year)

Apt # _____ Address _____

City _____ Postal Code _____

Phone ( ) _____ ( ) _____ ( ) _____
Area (Home) Area (Work) Area (Cell)

E-Mail Address _____

Vehicle Plate # _____ Vehicle Plate # _____

EMERGENCY INFORMATION

Emergency Contact _____ _____ (_____)_____
(Name) Relationship Area Phone #

Emergency Contact_____ _____ (_____)_____
(Name) Relationship Area Phone #

Please List Any Serious Health Conditions _____

_____Family Doctor _____

The Coronation 50 plus Recreation Centre takes your privacy seriously. Personal information is collected from you for the purposes of registration and to keep you informed as a member. The Coronation Centre does not rent, sell or share your personal information with others.

I, the undersigned, do give permission to the Coronation 50 Plus Recreation Centre and the City of Niagara Falls to publish photographs with my image along with my name for the purposes of promotion and or advertising on electronic and or print media.

Signature _____ Date _____

FOR OFFICE USE ONLY

Current Expiry Date _____ Bar Code Member # _____ Locker # _____