



Membership / Donation Form

 New
 Renewal

Seniors Outreach Services

Please Complete both sides of Form

Date _____

Name _____ D.O.B. ____/____/____
 First Name Initial Last Name dd mm yyyy

Spouse/
Partner _____ D.O.B. ____/____/____
 First Name Initial Last Name dd mm yyyy

Address _____
 Street, Box No, RR#

 City/Town Postal Code

Telephone _____ E-mail _____

Please Read:

- **A membership is required in order to participate in the Social and Fitness Programs offered by 55+ and to vote at the Annual General Meeting.**
- **Providing your email address grants permission for Seniors Outreach Services to send newsletters and information to the member. You may request removal from our mailings at any time.**

<input type="checkbox"/> Cheque payable to Seniors Outreach Services	1Year 2Year
	Single \$35 \$ 65
	Household \$65 \$120
<input type="checkbox"/>   	
<input type="checkbox"/> Cash	Membership: \$ _____
	Donation: \$ _____
	Total: \$ _____

Donations are appreciated. A charitable donation receipt for income tax purposes will be provided. **Charitable Registration #119013316RP001**

Seniors Outreach Services protects its members through our privacy policy.

L&A Seniors Outreach Services
 12 Richmond Park Drive
 Napanee, ON K7R2Z5

Tel: 613-354-6668

Fax:613-354-6770

info@lasos.ca

www.lasos.ca

CONSENT AND INFORMATION FORM

PLEASE PRINT

Name : _____

Address: _____

Telephone: _____

1st Emergency contact: _____ Telephone _____

Relationship: _____

2nd Emergency contact: _____ Telephone _____

Relationship: _____

Are you affected by any of the following medical / health problems?

Diabetes: Yes__ No__ Osteoporosis: Yes__ No__

Arthritis: Yes__ No__ Chest Pain: Yes__ No__

Heart condition: Yes__ No__ Dizziness Yes__ No__

High blood pressure: Yes__ No__ Joint Problems Yes__ No__

Asthma Yes__ No__ Medications Yes__ No__

Other: _____ If yes for Medication, for what? : _____

***It is recommended that you discuss any exercise program with your Doctor before you begin. SOS volunteers, staff, and board are not liable for any damages or injury of any type while participating in any exercise program. If you agree, please sign below.**

"I have read, understood and completed this form. Any questions I had were answered to my full satisfaction."

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

Note: This form is valid for a maximum of 12 months from the date it is completed. After 12 months the form is invalid.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness instructor. Ask whether you should change your physical activity plan.

"If the exercise hurts please use your judgment and refrain from the exercise. In the case of an emergency 911 will be called."