



The Fairlawn Neighbourhood Centre

New Membership
 Renewal
 Add to family

Family Surname(s): _____

If child, name of parent: _____

Preferred E-mail: _____

Home Address: _____

Membership Fee:
 \$20 Individual
 \$40 Family*
**Family membership includes all persons residing in the same household.*

Phone Number: Home: _____ Cell: _____

Emergency Contact: Name: _____ Phone: _____

Please print the names of all individuals who will be covered under this membership fee:

Adults:

Membership #	Name	Sex	
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>

Children/Teens:

Membership #	Name	Sex		D.O.B. (D/M/Y)
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>	___/___/___
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>	___/___/___
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>	___/___/___
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>	___/___/___

I understand that my individual membership is valid for one year (12 months) from its date of issue and that it will entitle me, as well as those individuals listed above, to register for all The Fairlawn Neighbourhood Centre (FNC) programs and participate in all drop-in programs. I understand that I may be asked to provide my membership number (located on the top right corner of the membership card) when attending programs at the Centre.

FNC respects your privacy by protecting your personal information and adhering to relevant privacy legislation. The information you provide will only be used within the context of program registration. Additionally, we may also use this information to keep you informed of other programs, volunteer opportunities and special events at The Fairlawn Neighbourhood Centre.

Signature

Date

For Admin. only: Fee Paid \$ _____ Membership Expiry Date: ___/___/___ Initials _____
 Database: _____
 Day Mo. Year

