



LIFE AFTER FIFTY-MEMBERSHIP FORM 2025

Please print information clearly. The information you provide will not be shared. Only summary data will be used for funding requests and statistical reports.

We are a welcoming agency that celebrates the diverse nature of our membership and staff. Life After Fifty promotes the ideals of the Ontario Human Rights Code in our Responsibilities of Membership and Code of Conduct.

Name: _____

Preferred Name or Nickname: _____

To which gender identity do you most identify?

- ☐ Male ☐ Female ☐ Transgender Female ☐ Transgender Male
☐ Gender Variant/Non-Conforming ☐ Not Listed ☐ Prefer Not to Answer

Preferred Pronouns: ☐ she/her ☐ he/him ☐ they/them ☐ prefer not to answer

Address: _____ Apt: _____

City: _____ Province: ON Postal Code: _____

Phone: _____ Cell Phone: _____

Date of Birth: _____ Licence Plate # (if applicable): _____

Email address: _____

Previous Occupation / Career: _____

Emergency Contact(s):

1st Name: _____

2nd Name: _____

Relationship to you: _____

Relationship to you: _____

Phone: _____

Phone: _____

Membership Fees

OPTION 1: ☐ \$150.00 annual

Payment: ☐ Debit ☐ Cash ☐ Visa ☐ MC ☐ CHQ # _____ (cheque payable to Life After Fifty)

OPTION 2: ☐ \$12.50 per month (credit card or bank account monthly automatic withdrawal – please complete the *Pre-Authorized Payment Form*)

OPTION 3: ☐ FREE: telephone social engagement, Seniors' Centre Without Walls (SCWW)

Promotional Events

I understand that news, information, and other special events may be sent via mail, email, text or other electronic means from time to time. We will honour your privacy and will not share your information with third parties.

☐ I agree to receive this information either by mail or electronically.

-OR-

☐ I decline to receive this information either by mail or electronically.

☐ I understand that photos taken during events and activities may be published in promotional materials. An announcement will be made prior to any photos being taken. Should you choose not to participate in a LAF photo, then you will be given the opportunity to remove yourself from the frame.

Declaration – Members’ Responsibilities

Please check (✓) all items.

☐ I agree to adhere to the published Members’ Code of Conduct (copy attached).

☐ I understand that LAF facilities makes its best efforts to be fragrance-free.

☐ I have read and understand LAFs cancellation requirements.

Signature

Date

The following questions will allow us to support and plan for the needs of our membership and assist with grant applications. Your participation is appreciated. All information collected will be kept confidential and only used in generalized and non-identifiable terms. Life After Fifty is committed to protecting your information; our Privacy Statement is posted at Reception and on our website. For a copy, please ask a staff member.

I Prefer not to Answer: ☐

Living Arrangements:

☐ Living on own ☐ Living with spouse/partner ☐ Living with family member(s)

☐ Assisted living ☐ Care Facility ☐ Prefer not to answer ☐ Other _____

Language of Origin: ☐ English ☐ French ☐ Other _____

Are you a Francophone? (i.e. French is your first / primary language) ☐ Yes ☐ No

Self-identified Ancestral Background / Origins (to help us identify the rich, cultural heritages of our members). Please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Asian – South East | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Africa – Central | <input type="checkbox"/> British Isles | <input type="checkbox"/> Inuit |
| <input type="checkbox"/> Africa – Eastern | <input type="checkbox"/> Canadian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Africa - Northern | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Metis |
| <input type="checkbox"/> Africa – Southern | <input type="checkbox"/> Europe - Eastern | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Asian – East | <input type="checkbox"/> Europe – Northern | <input type="checkbox"/> Prefer not to Answer |
| <input type="checkbox"/> Asian – West | <input type="checkbox"/> Europe – Southern | <input type="checkbox"/> Not listed, please detail below: |
| <input type="checkbox"/> Asian -South | <input type="checkbox"/> Europe - Western | |

Please tell us if you have a medical or health situation (please check all that apply):

☐ Asthma ☐ Diabetic ☐ Heart condition ☐ Vision/Audio impairment

☐ not listed, please specify: _____

If you use a mobility aid, please tell us what kind:

☐ Walker ☐ wheelchair ☐ cane ☐ not listed, please specify _____

	Excellent	Good	Fair	Poor	Very Poor
How would you rate your physical health over the past 3 months?					
How would you rate your mental wellbeing over the past 3 months?					
How satisfying has your social life been over the past 3 months?					

	6+ times / week	4-5 x week	1-3 x week	1-3x month	Rarely
How often do you CURRENTLY engage in social activities? (i.e. visit a friend, go to a club, place of worship, volunteering, etc.)					
How often do you CURRENTLY engage in physical activities? (i.e. walking, swimming, bike riding, dancing, exercising, etc.)					

Which describes your annual household income bracket?

Single ☐ Under \$23,000 ☐ Over \$23,000
 Couple/Family ☐ Under \$30,000 ☐ Over \$30,000

Where / how did you hear about Life After Fifty? _____



Pre-Authorized Payment Form

Last Name: _____

First Name(s): _____

Address: _____

Telephone: _____

City: _____ Postal Code: _____ email address: _____

Complete FOR EITHER Credit Card OR Bank Account

CREDIT CARD PRE-AUTHORIZED AGREEMENT

I/we authorize Life After Fifty to debit my credit card in the amount of **\$12.50** on the 10th day of each month as of _____ to cover my/our membership fee monthly payment.

*To Cancel, I/we must revoke authorization in **writing** subject to providing notice of at least 30 days. Any hiatus period from payments is a one-time minimum length of 2 consecutive months (60 days) to a maximum length of 4 consecutive months (120 days) in a 12-month period. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this agreement from Life After Fifty.* Initial

☐ Visa ☐ Mastercard

Card Holder's Name: _____

Credit Card No.: _____ Expiry Date: _____ CVD: _____

Card Holder's Signature: _____ Date Signed: _____

BANK: PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I/we authorize Life After Fifty to debit my bank account (**attach void cheque**) in the amount of **\$12.50** on the 10th day of each month as of _____ to cover my/our membership fee monthly payment.

*To Cancel, I/we must revoke authorization in **writing** subject to providing notice of at least 30 days. Any hiatus period from payments is a one-time minimum length of 2 consecutive months (60 days) to a maximum length of 4 consecutive months (120 days) in a 12-month period. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this agreement from Life After Fifty.*

Signature of Account Holder: _____ Date: _____ Initial

Signature of Joint Account Holder (if applicable): _____ Date: _____

(Detach and keep for your records)

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any Pre-Authorized Debit that is not authorized or is not consistent with this Pre-Authorized Debit Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

NOTE: A service charge of \$10.00 will be applied to any declined credit cards or pre-authorized payment charge backs.

Did You Know? You Can Sign Up for Monthly Giving to Life After Fifty

☐ **YES**, I'd like to donate \$_____ per month through pre-authorized payments.

Payment choice: ☐ by bank account ☐ by credit card * Beginning: (month) _____

☐ Yes, I'd like an **annual** tax receipt; tax receipts are provided for all donations of \$10.00 or more



LIABILITY WAIVER, RELEASE, AND INDEMNITY CONSENT FORM

Programs and Activities at Life After Fifty

****Please review this information carefully. ****

I, _____ hereby acknowledge and agree to the following:
(Print Name)

I acknowledge and agree that my participation in programs and activities with Life After Fifty (LAF) is purely voluntary and is in no way mandated by LAF.

I do not suffer from any known health condition which would prevent or limit my participation in the programs I choose. I acknowledge and agree that it is my responsibility to follow the instructions given to me by my health care provider(s). It is my responsibility to participate in the programs, both onsite and virtual, as safely as possible for me.

In consideration of being permitted to participate in this activity, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating.

I fully acknowledge and agree that, if I injure myself while participating in a LAF program, I hereby release, waive, forever discharge, hold and save harmless and agree to indemnify all of LAF and its respective employees, agents, and representatives of and from all claims, demands, damages, costs, expenses, actions and causes of action, in respect to death, injury, loss or damage to my person or property however caused, arising as a result of or in any way connected with my participation in the event, as a participant or otherwise, whether prior to, during or subsequent to the event, including any such claims which allege negligent acts or omissions of LAF.

By signing this waiver, I acknowledge I have read, understood and agree to this Liability Waiver, Release and Indemnity Consent Form and I agree to be bound by its terms. I have been offered the opportunity to ask LAF staff questions about any program or activity in which I choose to participate.

Program Benefits:

Programs at Life After Fifty are designed to provide opportunities for fitness, health wellness, and socialization.

Possible Outcomes:

Exercise programs may involve physical activity including but not limited to muscle strength, endurance, flexibility and balance and involve risks including, but not limited to death, disability and injury.

Possible Risks:

Some risk conditions may include, but are not limited to, heart attacks, strokes, muscle strains/pulls/tears, broken bones, shin splints, concussions or other injuries.

ALL PARTICIPANTS ARE STRONGLY ADVISED TO CONSULT A PRIMARY CARE PROVIDER PRIOR TO ENGAGING IN ANY PHYSICAL ACTIVITY PROGRAMS AT LIFE AFTER FIFTY.

Participant Name: _____ Signature: _____

Date: _____ Phone: _____

Witness Name: _____ Signature: _____

Date: _____

HIATUS POLICY

1. Written notice of at least 30 days is required.
 - a. Under certain circumstances (ie, medical, family illness, etc.) if the request has been made with less than 30 days but at least 10, an exception can be made at the Executive Director or Membership Clerk's discretion.
 - b. Regardless of circumstance, if less than 10 days' notice has been given and the hiatus is still requested, then the effective date will follow to the next subsequent month.
2. Length of hiatus
 - a. is a minimum length of 2 consecutive months (60 days) in a 12-month period.
 - b. is a maximum length of 4 consecutive months (120 days) in a 12-month period.
 - c. can only be used once during a 12-month period.
3. New Members
 - a. A hiatus request can be submitted any time after the first payment following a notification of a minimum of 90 days.

REFUND POLICY

Program Cancellation

If the agency must cancel a program, then a credit will be given towards a future program or towards membership fees. If after the first class the member chooses to withdrawal from a program, they will receive a pro-rated credit from the date of notification towards future programming. After the second day the program is offered if the member chooses to withdrawal from the program no refund or credit will be provided. The agency reserves the right to withhold credit and or refunds if cancellation is due to a Code of Conduct violation.

Membership Cancellation

Annual membership fees, when paid in full, are non-refundable after 30 days.

Membership fees, when paid through the pre-authorized debit program, can be cancelled any time after the first payment following notification of a minimum of 90 days. All cancellations are subject to 30 days notice.

If a member rejoins within 5 months of a cancellation notice, then an administrative fee of \$25 will be charged prior to reactivation.

Appendix: Membership hiatus / cancellation notice form

For Special Events

Refunds are not available for trips, courses or special events unless cancelled by Life After Fifty.



Life After Fifty

Responsibilities of Membership and Code of Conduct

Welcome to **Life After Fifty (LAF)**. People from many different backgrounds share this environment. LAF adheres to the Human Rights Code which declares that “every person has the right to equal treatment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, gender identity, sexual orientation, gender expression, age, marital status, family status, handicap or the receipt of public assistance.”

All members, staff, and visitors of LAF have the right to be treated with dignity and respect.

All members, staff, and visitors of LAF have the responsibility to treat others with dignity and respect.

To guide staff, members and volunteers in carrying out their responsibilities and duties in a fair and respectful manner, the Board of Directors has adopted the:

Rotary International “4-Way Test”

Is it the truth?

Is it fair to all concerned?

Will it build goodwill and better friendships?

Will it be beneficial to all concerned?

The Following Activities are NOT PERMITTED on LIFE AFTER FIFTY Property:

- Physically or verbally threatening, harassing or intimidating any person, directly or indirectly, as defined in the Human Rights and Criminal Codes.
- Defacing, damaging, or destroying property in any area belonging to the Agency, its visitors or tenants.
- Possession or consumption of alcohol outside of events or rentals for which a liquor permit has been obtained.
- Smoking or vaping on or within 20 meters of LAF property as required by the Smoke-Free Ontario Act.
- Soliciting, for any purpose, including asking for money, contributions or donations unless such activity has been approved by the Administration or Board of Directors of Life After Fifty.
- Assembling for the purpose of disturbing the public peace or committing any unlawful act at the Agency sites.
- Creating a disturbance which is disruptive or dangerous to others in the recreation or business activities of the Agency.
- Bringing animals on to Agency’s property, with the exception of trained and identified guide dogs and service animals.
- Posting or distribution of non-Life After Fifty flyers or notices without prior approval from the Administration of the Agency.
- Use of any recording devices unless such activity has been approved by the Administration of the Agency.
- Entering the agency without successfully passing Public Health screening requirements.
- Intentional disregard for population health practices put into place by the Administration of the Agency.

Note: All Code of Conduct Violations will be investigated. Violations will be subject to our progressive discipline process which may result in that individual’s removal from the Agency’s leased or owned properties and/or revocation of membership.

LAF Code of Conduct (vs 2022)