



LIFE AFTER FIFTY MEMBERSHIP FORM - 2017

Please print information clearly. This form **MUST** accompany your payment. Only summary data will be used for funding requests and statistical reports.

Name: _____

Gender: Male Female Preferred Title: Mr Mrs Ms Dr Sister Rev Prof

Address: _____ Apt/Ste: _____

City: _____ Prov: ON Postal Code: _____

Phone: _____ Cell Phone: _____

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

Marital Status: Married Single Divorced Widowed Previous Occupation/Career

Email address: _____

Emergency Contact(s):

1st Name: _____ 2nd Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

Email: _____ Email: _____

Doctor's Contact Information (in case of emergency)

Name: _____

Phone: _____

Living Arrangements:

- Living on own Living with spouse/partner Living with family member(s)
- Assisted living Care Facility Other _____

Self-identified Medical or Health Situation:

Please check (✓) all that apply.

- Allergies Asthma Diabetic Heart Condition High/low blood pressure
- Sensitivities (eg) _____ Uses Mobility Aid _____
- Other issue which could impact your ability to utilize or enjoy our programs?

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

- Aboriginal
- Asian - East (eg China, Korea, Japan)
- Asian - West (eg Iran, Afghanistan)
- Asian - South (eg Pakistan, India, Sri Lanka)
- Asian - South East (eg Vietnam, Malaysia, Phillipines)
- Africa - Northern (eg Algeria, Egypt, Libya, Morocco)
- Africa - Eastern (eg Tanzania, Kenya, Uganda, Rwanda, Burundi, Ethiopia, Somalia)
- Africa - Western (eg Sierra Leone, Togo, Nigeria, Ghana, Ivory Coast)
- Africa - Central (eg Angola, Cameroon, the Central African Republic, Chad)
- Africa - Southern (eg Mozambique, Madagascar, Botswana, South Africa, Swaziland)
- British Isles (Scotland, Ireland, Wales, England)
- Caribbean (eg Jamaica, Barbados, Haiti)
- Europe - Eastern (Hungary, Russia, Czech Republic)
- Europe - Northern (Sweden, Latvia, Estonia)
- Europe - Southern (Spain, Portugal, Italy, Greece, Bosnia, Turkey)
- Europe - Western (France, Portugal, Germany, Belgium, Switzerland)
- Latin American (eg Argentina, Colombia, Mexico)
- Middle Eastern (eg Saudi Arabia, Egypt, Iraq)
- Other _____

Membership Fee Options * FEES RE-FUNDABLE WITHIN 14 DAYS MINUS 10% ADMIN FEE

FEES: Individual - \$12.50 per month (credit card or bank account automatic withdrawal)

Payment Choices: Credit Card Bank Account

Visa MasterCard Card # _____ Exp: _____

Declaration – Members’ Responsibilities and Promotional Events

Please check (✓) all items.

- I agree to adhere to the published Members’ Code of Conduct (copy attached).
- I understand that photos taken during events and activities may be published in promotional materials.
- I understand that news, information and other special events will be sent via mail, email or other electronic means from time to time.
- I understand that LAF facilities are fragrance-free and smoke-free.

Signature

Date

Administration Only

Paid at: West Side Centre East Side Centre Processed: EXL MSC

Notes: _____ Month PAD

(eg. if couple, spouse’s last name if different)



Life After Fifty

Responsibilities of Membership and Code of Conduct

Welcome to **Life After Fifty**. People from many different backgrounds share this environment. Centres for Seniors Windsor 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, sexual orientation, age, marital status, family status, handicap or the receipt of public assistance.” All members and visitors of the Centres have the right to be treated with dignity and respect. All members and visitors of the Centres 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 ALLOWED ON LIFE AFTER FIFTY PROPERTY:

- Physically or verbally threatening or harassing any person, 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.
- 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.
- Fighting, annoying others through noisy or boisterous activities, or in any other way 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 animals in the company of, and trained to assist, physically challenged persons or with the permission of Administration.
- Posting or distribution of non-Life After Fifty flyers or notices without prior approval from the Administration of the Agency.
- Use of any photographic device or audio equipment unless such activity has been approved by the Administration of the Agency, or is taking place at an Agency-sponsored special event.

Note: *Violations of the code as stated above may/ will result in that individual’s removal from the Agency’s leased or owned properties and/or revocation of his/her membership.*



Pre-Authorized Payment Form

Last Name: _____ First Name(s): _____
Address: _____ Telephone: _____
City: _____ Postal Code: _____ email address: _____

Complete EITHER option #1 OR option #2

OPTION #1: 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.

I/we may revoke authorization in writing subject to providing notice of at least 30 days. **Any hiatus period from payments is a maximum length of 4 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.

Visa Mastercard Card Holder's Name: _____

Credit Card No.: _____ Expiry Date: _____

Card Holder's Signature: _____ Date Signed: _____

OPTION # 2: 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.

I/we may revoke authorization in writing subject to providing notice of at least 30 days. **Any hiatus period from payments is a maximum length of 4 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 or by visiting www.cdnpay.ca.

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.

Signature of Account Holder: _____ Date: _____

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

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.

NEW MEMBERS SURVEY



Welcome to *Life After Fifty!*

Like all organizations, we collect some basic background information about our members for statistical and funding purposes. All information is confidential.

Please take a few minutes to complete this form, and return to our Membership Clerk or Reception.

How Did You Find Out About Us?

Please check (✓) all that apply.

- From a current/past member
- From a friend/colleague
- From a family member
- Learned about LAF through local media (newspaper, radio, tv)
- Learned about LAF through social media (Facebook, Twitter, etc)
- Learned about LAF at a community event (eg health fair)
- Learned about LAF through promotional materials (eg. brochure, billboard, etc)
- Learned about LAF through our website or via the Internet
- Recommended by a community agency (who) _____
- Recommended by health care professional (doctor, health nurse, etc)
- Other _____

ADMIN PURPOSES ONLY:

Date Returned: _____

Date Processed: _____

Which describes your annual household income bracket?

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

I joined Life After Fifty because I wanted to....

Please check (✓) all that apply.

- Remain independent
- Become or stay physically fit
- Have routine and structure
- Socialize with people
- Make friends
- Accomplish something worthwhile
- Help others
- Have responsibilities and status
- Develop new skills
- Keep my mind active
- Develop a healthy lifestyle
- Maintain a positive attitude
- Maintain or improve my health
- Increase my confidence
- Develop a better ability to handle stress
- Better manage my chronic disease (eg diabetes, arthritis, heart disease, osteoporosis) and health
- Function more effectively during my daily activities outside LAF (work, home, family)
- Become more involved in learning-related activities
- Lose some weight
- For personal growth
- Develop my creativity

Tell us about your interests and activities - this will help us with current and future planning.

Please check (✓) all that apply.

Social/Group Activities

- Church/Religious
- Clubs or Organizations
- Current Events
- Group Discussions
- Parties/Seasonal
- Pets
- Restaurant
- Singles Club/Dances
- Shopping
- Team Sports
- Other _____

Solitary Activities

- Crossword Puzzles
- Computers
- Jigsaw Puzzles
- Music Listening
- Reading/Book Club
- Solitaire Games
- Watching Movies
- Watching Television
- Other _____

Spectator Events

- Concerts
- Movies
- Plays
- Sporting Events
- Other _____

Physical Activities

- 5 pin bowling
- Curling
- Dancing
- Darts
- Fitness/Exercise
- Golf/Miniature Golf
- Pickleball
- Pool/Aquafit
- Shuffleboard
- Swimming
- Tai Chi
- Walk/Run
- Wii Bowling
- Yoga
- Zumba
- Other _____

Outdoor Activities

- Boating
- Bocce Ball
- Camping
- Cycling
- Fishing
- Gardening
- Hiking
- Picnics/BBQ
- Walking
- Water Sports
- Other _____

Creative Activities

- Ceramics
- Creative Writing
- Cooking/Baking
- Creative Crafts
- Drama
- Drawing
- Jewelry Making
- Knitting/Crocheting
- Musical Instrument
- Painting
- Photography
- Quilting
- Scrapbooking
- Singing
- Sewing
- Woodworking
- Other _____

Passive Games

- Board Games
- Bingo
- Bridge
- Educational Games
- Euchre
- Mah Jongg
- Pepper
- Trivia Games
- Other

Do you have any special hobbies or skills?

Do you volunteer in the community? Yes No

Would you like to volunteer for Life After Fifty? Yes No

If yes, please provide your first name and phone number, and our Volunteer Coordinator will contact you.

First Name: _____ Phone # _____

Do you participate in any of the following community activities?

- attend community events
 - help organize community events
 - involved in a local resident's committee
 - volunteer for a charity
 - help take care of a neighbour's property
 - involved in recreational activities (ie sports teams)
 - involved in cultural activities (ie theatre, music, dance)
 - Other
- _____

THANK YOU FOR YOUR TIME. ENJOY YOUR NEW MEMBERSHIP AT LIFE AFTER FIFTY.