



## LIFE AFTER FIFTY MEMBERSHIP FORM - 2019

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 ☐ Other

**Address:** \_\_\_\_\_ **Apt/Ste:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** ON **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Licence Plate # (if applicable):** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Marital Status:** ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Have you ever previously been a member of Life After Fifty or Centres for Seniors?

☐ Yes ☐ No

**Previous Occupation / Career:**

\_\_\_\_\_

**Emergency Contact(s):**

**1<sup>st</sup> Name:** \_\_\_\_\_ **2<sup>nd</sup> Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Doctor's Contact Information (in case of emergency)**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Before participating in any exercise program, it is recommended that you speak to your primary care provider**

**Living Arrangements:**

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

**Language of Origin:**   ☐ English   ☐ French   ☐ Other

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

**Do you identify as a member of an indigenous group?**   ☐ Yes   ☐ No

**Membership Fees**

**OPTION 1:** ☐ \$150.00 annual

**Payment Choices:** ☐ Debit   ☐ Cash   ☐ CHQ # \_\_\_\_\_ (cheque payable to Life After Fifty)

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

**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 makes its best efforts to be fragrance-free.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LAF WELLNESS SERVICES**

Life After Fifty offers additional services which can be of benefit to our members. If you are interested, please select “Yes” and we will have the appropriate staff member contact you.

Would you be interested in our Foot Care Services?   ☐ Yes   ☐ No

Would you be interested in our Home Maintenance Service?   ☐ Yes   ☐ No

Would you be interested in volunteering?   ☐ Yes   ☐ No

Would you be interested in our telephone assurance program (TAP)?   ☐ Yes   ☐ No

**Administration Only**

Paid at:   ☐ West Side Centre   ☐ East Side Centre

Processed:   ☐ EXL   ☐ MSC



## 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 10<sup>th</sup> 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.*

☐ Visa ☐ Mastercard Card Holder's Name: \_\_\_\_\_

Initial

Credit Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVD: \_\_\_\_\_

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 10<sup>th</sup> 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](http://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.





## HIATUS POLICY

1. Written notice of at least 30 days is required.
  - a. If the request has been made with less than 30 days but at least 10 and is due to medical circumstances 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 30 days.

## REFUND POLICY

If the agency must cancel a program, then members will be given a credit voucher towards a future program or towards their membership fees. There are no administration fee charges. If the member decides to no longer participate in a program, then no refund applies.

Annual membership fees, when paid in full or through the 3-month payment plan, are non-refundable after 30 days. Membership refunds are issued within the 30 day period minus a 10% administration fee.

Another available option to members would be an extension of their membership expiry date, when annual fees had been paid in full, for up to an additional 3 months upon provision of medical evidence (ie doctor's note). This option does not include any refunds or administration fees.

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 30 days. This option does not include any refunds or administration fees.

Exceptions to the membership refund will be considered under extenuating circumstances (eg. the person is under doctor's orders to curtail activities, or due to illness or due to death of family member).

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



## **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, 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 allowed 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.
- No 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.
- 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 trained and identified 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 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.*