

MEMBERSHIP APPLICATION

For

NEPEAN SENIORS RECREATION CENTRE

Payable to the City of Ottawa

OFFICE USE:

Entered in Computer Labels: _____

Entered in Attendance: _____

PERSONAL INFORMATION:

Name: Ms. Mrs. Mr. _____

Address: _____

City: _____ Postal Code: _____

Telephone #: _____ Cell Phone #: _____

Date of Birth: (m/d/y) _____

MEDICAL INFORMATION:

Medical Concerns: _____

Person to Notify: _____ Relationship: _____

Telephone #: _____ Cell Phone #: _____

List the Activities you participate in at the Seniors Centre:

HOW WOULD YOU LIKE TO RECEIVE YOUR HUB NEWSLETTER? (Please check only one)

Pick it up at the Seniors Centre By e-mail at _____
(Print e-mail address)

I would prefer to look at it on the Nepean Seniors Recreation Centre's website.

Personal information contained on this form is collected under the authority of the Municipal Act, RSO 1990, cM.45, s.207(45) This information is collected for the administration and management of the City of Ottawa Risk Management Program. Questions about the collection and use of this information should be directed to the Insurance Administrator, Risk Management, City of Ottawa, 1595 Telsat Court, Ottawa, Ontario. K1B 5R3, 580-2424 ext. 4362

Please fill in and return to: Nepean Seniors Centre Coordinator
1701 Woodroffe Avenue (Nepean Sportsplex)
Nepean, ON K2G 1W2