

Loyola Arrupe Centre for Seniors, operating as  
LA Centre for Active Seniors  
106 - 55 Rankin Crescent, Toronto ON M6P 4E4  
**Buzzer #1143**

The following information will ONLY be for the Centre’s use and will NOT be shared with third parties.

**Membership Application Form**

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| First Name: | |  | | | | | | | | | Last Name: | |  | | | | | | |
| Address: | |  | | | | | | | | | | | | | Apt #: | | |  | |
| City: |  | | | Postal Code: | | | |  | | | | | | |  | | | |  |
| Home Phone: | |  | | | | Cell Phone: | | |  | | | | | | | Gender: | | |  |
| Email: | |  | | | | | | | | | | | | | | | | | |
| DOB: | (Month) | |  | (Day) | | |  | | | (Year) | |  | | |  | | | | |
| Emergency Contact Name: | | | |  | | | | | | | | | | Phone #: | | |  | | |
| Relation to Emergency Contact: | | | | |  | | | | | | | | | | | |  | | |
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| How did you hear about LA Centre for Active Living? | | | | | |
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| Could we contact you about volunteer opportunities at the Centre? | Yes |  | No |  |  |
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| RELEASE OF LIABILITY, HOLD HARMLESS AND WAIVER OF RIGHTS In consideration of the purchase of a membership. I hereby release and hold harmless LA Centre for Active Living, its staff, volunteers, or program leaders from any liability resulting from any personal injury to myself or damage to my property arising out of my participation in any program or event.  I understand that by becoming a member of LA Centre for Active Living, I agree to abide by the corporate philosophy of La Centre for Active Living as articulated in the Centre’s brochure. Membership as such is held in the discretion of the LAC Board of Directors.  I do hereby consent and agree that LA Centre for Active Living, its employees, or agents have the right to display photos of me on the LAC website and to use the photos in any and all media, now and hereafter known, and exclusively for the purpose of fundraising or for spreading awareness of the Centre and its functions. | | | |
| Signature: |  | Date: |  |
|  | | | |

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|  | | | | | | | | |
| **OFICE USE ONLY** |  | New Membership |  | |  | Membership Fee Collected | | $ |
| Please Select One: |  | | | | | | | |
|  | Renewing Membership |  | Valid From: | | | to | |
|  | | | | | | | | |



**Membership Demographic Survey**

The below survey is voluntary, but participation in completing the below will help the Centre to develop programming to reflect the communities we serve, to equip our staff with data to better serve the needs of our communities, and to track our progress with our Board, our grantees, and communities. As per the Centre’s funding obligations, we are required to report on our membership demographic statistics. **Member identifying information will remain confidential.**

|  |  |
| --- | --- |
| 1. **What gender do you identify as:**   Woman  Man  Trans / Non-Binary  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to answer | 1. **Do you identify as LGBTQ+?**   Yes  No  Prefer not to answer |
| 1. **Do you identify as:**   Black (e.g., African, Afro- Caribbean. African-Canadian)  East Asian (e.g., Chinese, Japanese, Korean)  Indigenous (e.g., First Nations, Inuit, Metis)  Latin American (e.g., Cuban, Mexican, Peruvian)  Middle Eastern (e.g., Afghani, Iranian, Syrian)  South Asian or Indo-Caribbean   (e.g., Indian, Indo-Trinidadian, Pakistani)  Southeast Asian/ Pacific Islander   (e.g. Filipino, Malaysian, Thai)  White (e.g., English, Greek, Portuguese, Russian)  Two or More  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to answer | 1. **Do you identify as living with (Check all that apply):**   Chronic Illness  Developmental / Intellectual / Cognitive disability  Learning Disability  Mental Health Disability  Mobility disability  Physical / dexterity disability  Sensory disability  Speech & language disability  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None of the above  Prefer not to answer |
| 1. **Which languages are you capable of speaking fluently (Check all that apply):**   Arabic Chinese English  French Portuguese Spanish  Vietnamese Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not no answer | |