THORNVIEW SENIORS COMMUNITY ASSOCIATION

5600 Centre St. N., Calgary, AB T2K 0T3

MEMBERSHIP REGISTRATION FORM (2025-2026)

***** MEMBERSHIP ELIGIBILITY - 55 And Above *****

NEW MEMBER _____ RENEWAL _____

(PLEASE PRINT, RENEWAL MEMBERS PRINT ONLY CHANGES TO YOUR PREVIOUS YEAR'S APPLICATION INFO)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ POSTAL: _____

PHONE # (H): _____ (C): _____

EMAIL: _____

In Case of Emergency, Please Call: _____ Phone: _____

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS:

Board of Directors: _____ Run Activities: _____

THE MAJOR ACTIVITY OF MY ENROLMENT IS (Check One Only):

BOCCE:	_____	Bowling:	_____	Bridge:	_____	Canasta:	_____
Ceramics:	_____	Cultural Dance:	_____	Euchre:	_____	Feet in Motion:	_____
Five Crowns:	_____	Floor Shuffleboard:	_____	Karaoke:	_____	Line Dance:	_____
Mahjong:	_____	Pool/Snooker:	_____	Taiji Qigong:	_____	Whist:	_____

ACKNOWLEDGEMENT OF RISK, ACCEPTANCE OF RESPONSIBILITY, AND WAIVER OF LIABILITY:

While participating events and activities in the Thornview Seniors Community Association, whether indoor or outdoor, I EXPRESSLY WAIVE ALL LEGAL LIABILITIES AGAINST THORNVIEW SENIORS COMMUNITY ASSOCIATION, OR AGAINST ANY OTHER MEMBERS IN THE GROUP FOR ANY SUFFERING OR LOSS RELATED TO LIABILITIES WHICH MIGHT ARISE ON ACCOUNT OF INJURIES AND/OR PROPERTY DAMAGE OF ANY KIND I MIGHT SUSTAIN, WHATSOEVER AND HOWSOEVER CAUSED. I FURTHER RECOGNIZE THAT, SHOULD I INVITE A GUEST AS A PARTICIPANT IN THE THORNVIEW SENIORS COMMUNITY ASSOCIATION IT IS MY RESPONSIBILTY THAT MY GUEST IS ADEQUATELY INFORMED OF AND UNDERSTOOD OF THE RISK, RESPONSIBILTY AND WAIVER OF LIABILITY OF THE THORNVIEW SENIORS COMMUNITY ASSOCIATION.

Applicant's signature: _____ Date: _____

Membership annual fee: $30.00 ***Cash _____*** ***Check _____*** ***Received by : _____***

(Additional fees may be required for individual activity participation, please consult with activity coordinator.)