



MEMBERSHIP CONTRACT

Memberships are available until May 31 each year, membership year is from September to August
Membership Fees and Van Shuttle Fees are Non-refundable

Full Name: _____ Gender(M/F): _____

D.O.B. ____/____/____ Age ____ Alberta Health Care#: _____
day/month/year

Mailing Address: _____ Postal Code: _____

Name of Parents/Guardians: _____ Home Phone: _____

Work Phone: _____

Email: _____

Emergency Contact Name: _____ Home Phone: _____
(Must be filled in) (Must be filled in)

Work Phone: _____

MY CHILD ATTENDS _____ (SCHOOL)

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR LIMITATIONS? (i.e.: allergies, physical challenges, learning disabilities, emotional difficulties etc...)
YES ___ NO ___ (If yes please describe in detail and include history, medication (s) treatments.)

MEMBERSHIP OBLIGATION

It is expected that members will fulfill the obligations to at least a gold membership level.

1. Three bingos per child for the first 2 children (1 bingo for each additional child) must be completed to obtain Gold Membership status,
2. (3) cheques for \$200.00 to a max of six per family are required for bingos, you receive a cheque back when you work a bingo,
3. You can inquire as to your membership status (Bronze, Silver, Gold, Platinum) during regular office hours (8:30 am to 4:30 pm).

I have read the above requirements in fulfilling my child's membership and understand what I need to do in order for my child to obtain a "Gold Level Membership".

_____ signature

_____ date

Signed documentation required for membership completion (Office use only):

Release of Liability and Client Consent _____

Client information sheet _____

Undated, signed cheques for \$200.00 for Bingo obligations _____

Van Shuttle _____

