

MEMBERSHIP FORM 2025-2026

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Name										
Address										
City/Town						Postal Code				
Telephone #		Cell #				L	Landline #			
Email Address										
Optional	Day			Second Persor (family membe		ership)	Month/Day			
										– Aug. 31/26) :
Under 40	49	50-59	60-69	60-69 70-79 Please indicate exact age (incl. month) 80 or over						
Family Membe FAMILY MEMI						1))		
Name										
Telephone #		Cell #				Landline #				
Email Address	s									
I have enclose Membership f	annual Individual			I \$40		Family \$60				
				subject to	a \$20 ad	mini	submitted strative su			
-			•	ue made payable to Congton Footnotes			ash		E-transfe	er .
E-transfer by a cannot be acce	epted.	Mem	o/reference							

- ✓ Discounted JMC class fees
- ✓ Notification of Fall registration
- ✓ Invitation to AGM
- ✓ Voting privileges at AGM✓ Recipient of all AGM reports
- ✓ Eligible to serve on Board and Footnotes Committees
- ✓ Invited to all social events
- ✓ Access to "member only" website

Revised July 9, 2025

WAIVER: I, the undersigned, personally and on behalf of my heirs, executors, administrators, and assigns, hereby release and forever discharge the following:

- 1. Burlington Footnotes
- 2. All sponsors, organizers and volunteers of said organizations, their respective officers, directors, agents, representatives or successors, from any and all claims or demands that I have or my heirs, executors, administrators, assigns or any third party may have for personal injuries and property damage of any nature whatsoever, arising by reason of my participation or volunteering at any level of the organization's programs and productions.
- 3. I understand that any videos or photographs taken may be displayed on our website, used for promotional purposes and/or social media.
- 4. I consent to receive e-communications from the Burlington Footnotes

I have read the above statement, understood it and my signature confirms its acceptance. I attest and verify that I have full knowledge of the risks involved in my participation and I am physically fit and able to participate in said programs and productions.

Signature:	Date:
Family Membership – Signature of second person	
Emergency Contact	Telephone (cell or landline)
I consent to my contact details being posted on the mer	nbers only directory.
Signature (first member)	Signature (second member)
Please forward this completed form with payment to:	
Burlington Footnotes Membership 4180 Afton Court, Burlington Ontario L7L 1J6 For more information contact: Email: burlingtonfootnotes1@gmail.com	

PLEASE NOTE:

Burlington Footnotes respects your privacy. We protect your personal information and adhere to relevant privacy legislation. We do not rent, sell, or trade our mailing list. We will use this information to keep you informed of Burlington Footnotes' activities.

For Office Use Only				
Cash				
Cheque	Cheque #			
E-Transfer				

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BURLINGTON FOOTNOTES VOLUNTEER OPPORTUNITIES

The Burlington Footnotes are always looking for volunteers to help in various ways.

Please indicate the items you might be able to help with.

- Participating in fundraising activities
- Bingo
- o 50/50 Draw
- Rummage Sale
- Garage Sale
- Collecting Bottles for our Bottle Drive
- o Gift Baskets Raffle at Christmas Social & other events
- o Help set-up and take down tables for Social Events held at Student Theatre
- Arrange Display outside of City Hall to promote GSGD
- Contacting possible advertisers and sponsors
- Prepare Grant Applications
- o Assist Social Chair
- Assist Photo Shoot Chair
- Baking for Social Events
- Organize Videographer orders taken at GSGD
- Pick up flowers to be presented to instructors at GSGD
- Research other fundraising opportunities
- Research Places to Advertise GSGD & promote Burlington Footnotes
- Position on the Burlington Footnotes Board
- Taking flyer packages to Senior Centre and Retirement Homes
- Taking flyers to businesses in the area to post in their window

NAME:	

PLEASE RETURN THIS WITH YOUR MEMBERSHIP FORM



Burlington Footnotes Automobile Insurance Declaration

Burlington Footnotes members are asked to sign this declaration if you own an automobile.

This will be in place should you do any volunteer business on behalf of the Burlington Footnotes where you use your own automobile. This information will be kept with your current membership form and volunteer information and is confidential.

Please note: we do not need to see your personal insurance information. Your signature indicates that you have stated you have adequate insurance coverage.

If you do not own an automobile, please indicate here:	
Name:	
Signature:	
Declaration	
I pledge that if I drive my own vehicle on behalf of the Burlington Footnotes, adequ	ate insurance will always be in force
I also understand that as a volunteer driver, the limits and coverage provided by mapplicable to any accidents or incidents that involve my vehicle, including those that volunteer driver for the Burlington Footnotes.	•
Signature:	
Print Name:	
Date:	

Please return this declaration with your membership form