



MEMBERSHIP FORM

Name: _____ CONTACT Information Same as Last Year: Y N

Address: _____

City/Town: _____ Postal Code: _____

Telephone #: _____

Email Address: _____

Birthday Information (*optional*): Month _____ Day _____

For Insurance purposes, please indicate age range (*September 1st – August 31st*):

under 60 **60 +** **70+** **Please indicate exact age (incl. month) if over 80** _____

Yes, I would like more information on volunteering. I have the following skills/interests: (*ie: sewing, marketing, sales, Public Relations, etc.*)

I have enclosed my annual membership fee of: \$30 Full \$45 Family \$20 Associate

****Renewal membership fees submitted after September 30th will be subject to a \$5 service charge**

Payment details: Cheque **made payable to Burlington Footnotes** Cash

MEMBERSHIP CATEGORIES

Benefits	Full Membership \$30.00	Associate Membership \$20.00	Family Membership \$45.00
Discounted JMC class fees	X		X
Discounted JMC workshop fees	X		X
Notification of Fall registration	X	X	X
Footnotes sponsored Christmas lunch	X		X
Invitation to AGM	X	X	X
Voting privileges at AGM	X		X
Recipient of all AGM reports	X	X	X
Eligible to serve on Board and Footnotes Committees	X		X
Invited to all social events	X	X	X
Access to "member only" website	X	X	X

COVID POLICY

WHILE NOT A MANDATORY REQUIREMENT, THE BURLINGTON FOOTNOTES STRONGLY SUGGEST UPDATED VACCINATIONS FOR THE HEALTH AND SAFETY OF ALL PARTICIPANTS. MASKING IS OPTIONAL AT THIS TIME BUT KNOW THAT THE BURLINGTON FOOTNOTES WILL MAKE ANY NECESSARY CHANGES IN ORDER TO FOLLOW PUBLIC HEALTH/CITY REGULATIONS.

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 Senior Performing Troupe Inc.
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 and/or used for promotional purposes.
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: _____

Medical Information (i.e., allergies, medications, conditions, etc.) _____

Emergency Contact: _____ Telephone: _____

Please forward this completed form with payment to:

*Burlington Footnotes
c/o Pia Foss-Pedersen
413-391 Plains Rd. E.
Burlington, Ontario L7T 4M2*

For more information contact:

Tel: (905) 630-5074 OR Email: pfoss-pedersen@cogeco.ca

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: _____