



Happy children, strong families, connected community since 1978

MEMBERSHIP PLUS FORM 20 _____	
CONTACT INFORMATION	
Parent's first name:	Family name:
Parent's first name:	Family name:
Telephone:	Email:
Address:	
Do you want the monthly schedule emailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contact name and telephone number:	
Caregiver's name and telephone number:	
Child(ren)'s name:	Birthdate (M-D-Y):
Child(ren)'s name:	Birthdate (M-D-Y):
Home language:	
WAIVER	
<p>Marpole Oakridge Family Place wishes to remind members and guests that it is not responsible for any loss or damage sustained by members and guests while on its premises.</p> <p>It is the responsibility of parents and caregivers to take precautions to avoid injury or loss/damage to belongings. In the event a parent or caregiver observes any situation at Marpole Oakridge Family Place which causes them concern, please report it to a staff member immediately.</p> <p>Parents and caregivers are reminded that their children must be supervised by them at all time.</p> <p>I will not leave my child(ren) at any Family Place program without my approved adult caregiver. (Approved caregiver cannot be a Marpole Oakridge Family Place staff member or volunteer).</p> <p>Signature: _____ Date: _____</p>	
PHOTO PERMISSION	
<p>I, _____ give permission for Marpole Oakridge Family Place staff and associates to take photographs for the purpose of promoting the organization. I understand and agree to allow these photographs to be displayed for public view on non-profit promotional media (including newspapers, newsletters, websites, brochures, photo albums and the Marpole Oakridge Family Place Facebook page).</p> <p>Signature: _____ Date: _____</p>	



EMAIL PERMISSION

We would like to keep you informed about upcoming events, activities and opportunities. To allow us to do this, please provide your consent below. Providing consent now will ensure that you continue to receive email information from us without interruption.

Signature: _____

Date: _____

MEMBERSHIP INFORMATION

Marpole Oakridge Family Place is a non-profit society funded in part by your fees and donations. Fees represent only part of the cost of running our programs and are essential for us to continue.

Membership Plus is valid during the calendar year between January to December at a cost of \$60 per year. Membership Plus benefits include:

- drop - in fee is paid for the year
- able to attend all programs and workshops
- entitled to attend and vote at the Annual General Meeting
- may also apply to become Board Members

Parking pass is valid during Drop-In times from Monday to Friday 9am – 12pm _____ (initial). Parking decal is required. Parking is on a first come basis. This does not include parking outside of these hours or on holidays and does not guarantee that a parking space will be available.

DONATION

If you are able to donate \$20 or more, we will write you a charitable donation tax receipt for your donation amount.

\$20 \$50 \$75 \$100 \$500 \$1000 other _____

VOLUNTEERING

- | | | |
|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Indoor / Outdoor Repairs | <input type="checkbox"/> Clean-up Day |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Community Fair | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Other _____ | | |

OFFICE USE ONLY		Date: _____
Amount paid \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____	Donation Tax Receipt # _____
<input type="checkbox"/> New Membership	<input type="checkbox"/> Renewal	Membership # _____
Parking pass decal <input type="checkbox"/> Yes <input type="checkbox"/> No	License Plate # _____	Computer Entry Line # _____