



# Langley Senior Resources Society Membership Application Form

GENDER: M  F

Mr/Mrs/Ms/Miss Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo / Day / Yr

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Cell #: \_\_\_\_\_

How did you hear about the Centre? \_\_\_\_ friend/acquaintance \_\_\_\_ website  
\_\_\_\_ newspaper \_\_\_\_ Outreach Ambassador \_\_\_\_ other (please indicate specifically)

Member #: \_\_\_\_\_ Year: \_\_\_\_\_

## MEDIA RELEASE FORM

I understand that members and participants of activities at Langley Senior Resources Society can be photographed and recorded on video. These photographs and videos can and may be used for promotional or reporting purposes by the Society. These media may be used, for example, in newspapers, bulletin boards at Langley Senior's Centre, slides or video shows, web pages, reports, promotional materials included in media and information kits, or newsletters, etc.. These photos and videos may include the member/participant.

I understand that if I do not want these media to be used it is my responsibility to inform the photographer that I do not want my photo taken and ask staff at the Langley Senior Resources Society to remove pictures from the website, etc..

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Maximizer**

**Please print this form, fill out, and bring to the Front Desk at LSRS to start  
your membership application process.**