



MOOREDALE

New Membership Registration Form

Please return with payment to: "Mooredale House"
 146 Crescent Rd, Toronto, ON, M4W 1V2 info@mooredale.on.ca
 T: 416-922-3714 x 102 F: 416-922-4523 www.mooredale.com

Membership Fees*: Family \$125 (Maximum of 2 adults & children under 18 years) Single Adult \$70 Senior \$32 (65+)
Membership is valid for 12 months *Fees subject to change January 1, 2019

FOR MAIN ADULT CONTACT			
First Name (Please PRINT clearly)		Last Name (Please PRINT clearly)	
<input type="checkbox"/> M <input type="checkbox"/> F	Occupation	Birth Date (M/D/Y)	
Home Address		Apt.	Postal
Home Phone () ()		Business (Mr.) ()	Business phone (Mrs./Ms./Miss) ()
Home Fax ()		Cell phone (Mr.) ()	Cell phone (Mrs./Ms./Miss.) ()
Preferred Email Address			
Health Alert (Main Contact)		Health Card #	

COMPLETE ONE SECTION FOR EACH ADDITIONAL FAMILY MEMBER

First Name	Last Name	First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation	Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #	Health Alert	Health Card #

First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #

First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #

First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #

First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #

Authorization:

"I am enrolling to join as a member of the Rosedale-Moore Park Association, and consent to the participation of the above-named and hereby release the Rosedale-Moore Park Association, its staff, Board of Directors, instructors and authorized guests from any and all actions, claims, demands for damages, loss or injury howsoever arising which may hereafter be sustained by the participant as above-named in consequence of participation in Association activities. I also consent to the use by the Rosedale-Moore Park Association of the participant's likeness (photographs, video) for publicity purposes. I authorize the Rosedale-Moore Park Association to communicate with me by email.

Signature		Date	
How did you hear about us?			
<input type="checkbox"/> Member	<input type="checkbox"/> Friend	<input type="checkbox"/> Flyer	<input type="checkbox"/> Brochure
<input type="checkbox"/> School	<input type="checkbox"/> Other: _____		
Have you been a Mooredale Member before?		<input type="checkbox"/> Yes _____ (yrs.)	
I rely on volunteers - would you help with:		<input type="checkbox"/> Mayfair – May 13 and 14	<input type="checkbox"/> Sports <input type="checkbox"/> Events
I will be paying by:			Amount: \$
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	<input type="checkbox"/> MasterCard* <input type="checkbox"/> VISA*
Card #:	-	-	-
			Expiry
			M M Y Y
Full Name that appears on the Credit Card		CVV #	Card Holder's Signature
*Members who pay by Credit Card may fax the form to 416-922-4523			