

Marpole Oakridge Family Place

2012 Membership Registration Form

Mother's first name _____ family name _____

Father's first name _____ family name _____

Address: _____
Postal Code _____

Phone Number: _____ Email Address: _____

Do you want monthly schedule e-mailed? Yes No

Emergency Contact Name & Phone Number: _____

Caregiver's Name & Phone Number: _____

Child(ren's) Name(s): _____ Birthdate: _____

Home Language: _____

Photo Permission Form

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).

Signature: _____ Date: _____

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.

Parents and caregivers are reminded that their children must be supervised by them at all time.

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.

Signed _____ Date _____

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)

Signed _____ Date _____

Welcome!

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, but are essential for us to continue. Please pay your fees so that we can continue to grow and develop our services for you.

There is an annual membership that is valid during the calendar year between January and December at a cost of \$10 per year. Members are entitled to attend and vote at the Annual General Meeting, and may also apply to become Board Members.

There is a drop-in fee of \$1 per family per visit to be paid at the beginning of each visit.

About Donating

If you are able to donate \$20.00 or more, we will write you a charitable donation tax receipt for your donation amount.

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

About Volunteering

Which of the following areas of volunteer involvement could you get involved in?
Opportunities range from once a year, to two hours a week and everything in between!

- Fundraising Indoor/Outdoor Repairs Clean-up day
 Gardening Community Fair Board Member
 other _____
- New Membership Renewal Complimentary Membership

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|------------------------------|--|-------------------------|
| OFFICE USE ONLY | Date: | Tax Receipt# |
| Amount Paid: | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque# | Computer Entry |
| Membership subsidy required | <input type="checkbox"/> Yes <input type="checkbox"/> No | (ask staff for details) |
| Drop-in fee subsidy required | <input type="checkbox"/> Yes <input type="checkbox"/> No | (ask staff for details) |