



GUJARATI HINDU SENIORS SOCIETY OF BC

APPLICATION FORM FOR MEMBERSHIP

I wish to become a member of the Gujarati Hindu Seniors Society of BC.

I confirm that I am over 60 years of age: [] Yes

Applicant Information

First Name *	_____	Last Name *	_____
Applicant Year of Birth *	_____	Spouse Year of Birth	_____
Spouse Name	_____		_____
Address *	_____		_____
City *	_____	Postal Code	_____
Telephone *	_____	Email *	_____

Family Doctor

Family Doctor	_____	Doctor's Telephone	_____
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Next of Kin

Name	_____		_____
Address	_____		_____
Telephone	_____	Email	_____

Membership Payment

\$250 per Person - Life Membership

Payment Method: **Interac E-Transfer to admin@ghss.ca**

Please follow the payment instructions provided or confirmed by GHSS administration. Membership remains pending until reviewed by GHSS.

Signatures

Applicant Signature / Full Name *	_____	Date *	_____
Spouse Signature / Full Name	_____	Date	_____

GHSS administration will respond within 48 hours.

MEMBER'S WAIVER AND RELEASE AGREEMENT

I, the undersigned for myself, my dependents, heirs, executors, administrators and assigns, hereby release, discharge and hold completely harmless the Gujarati Hindu Seniors Society, Vancouver, B.C. Canada (hereafter called the "SOCIETY") and their respective directors, officers and volunteers (collectively called the "ORGANIZERS"), from any and all actions, claims, demands, liabilities, losses, damages or causes of action arising out of or in consequence of any loss, injury or damage to my person or property, including any expenses of any kind, resulting from my participation in or attendance at any event, activity or functions organized by the Society or its Organizers, whether arising by reason of the negligence of the Organizers or otherwise. I am also authorizing the Society to use my email and phone number to communicate with me about society activities.

☐ I have read, understood, and agree to the GHSS Member's Waiver and Release Agreement above.

Applicant Signature / Full Name _____

Date _____

Spouse Signature / Full Name _____

Date _____