



MEMBERSHIP APPLICATION FORM

4395 Sheppard Avenue East
Scarborough, ON
M1S 1T9

TEL: (416) 335-0485
FAX: (416) 335-0486
filipinocentreinfo@gmail.com

NAME (Please print)

Mr/Mrs/Ms _____
Last name *First Name* *Initial*

ADDRESS _____
No. *Street & Unit No.* *City/Province* *Postal Code*

TELEPHONE Home: (____) _____ Cell: (____) _____ Bus: (____) _____

E-MAIL _____

COMMUNITY INVOLVEMENT (Non-Profit/Charitable Organizations):

1. _____
2. _____
3. _____
4. _____

TASKS or SKILLS I WOULD LIKE TO VOLUNTEER:

- Bookkeeping Computer Skills

Building Maintenance:

- Electrical Plumbing Carpentry

I am enclosing my membership fee of *(please check your choice)*:

- One-Year Membership \$25.00
Lifetime Membership \$125.00 \$50.00 (Senior)

Applicant's Signature

Date

Government Photo ID verified by: _____
Signature of Board Member or Office Staff

The Admission Committee reserves the right to conduct a follow-up interview:

Comment of Admission Committee



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QUESTIONNAIRE

1. Have you ever convicted of any criminal offence? YES NO
2. Have you been a Filipino Centre Toronto member? YES NO

If YES, when (approximately) _____

3. Have you ever declared bankruptcy or insolvency in the past seven years? YES NO

4. How many hours are you willing to commit to the Filipino Centre Toronto activities/services?

5. a) How did you know about the Filipino Centre Toronto?

- b) What do you expect out of your membership with the Filipino Centre Toronto?

WAIVER FORM

In consideration of the acceptance of the accompanying application to participate in any specified Filipino Centre Toronto activities, I hereby release and forever discharge the Filipino Centre Toronto, together with its directors, officers, employees, agents, and representatives (collectively "the Centre") from any and all actions, causes of actions, claims and demands for damages, indemnity, cost, interest, loss or injury of every nature and kind whatsoever and howsoever, arising which I may hereafter have against the Centre, in respect of personal injury or property damage sustained during my participation in activities associated with the Centre, without limitation, as a result of the granting of any consent by the Centre on my behalf to emergency medical treatment. I further agree to indemnify and hold harmless the Centre from any claims that may be asserted against the Centre by third parties, in respect of the aforesaid personal injury or property damage or in respect of the Centre's consent to any necessary medical treatment on my behalf.

By submitting this application, I acknowledge having read, understood and agreed to this Waiver Form, and agree to accept all risk from any harm associated with my participation in the programs. I acknowledge that the Centre has relied upon the information set forth in the application form in agreeing to accept me into the program, and hereby warrant that information is complete and correct in all material respects. I further agree that this Waver Form is binding on my legal personal representatives.

Signature

Date