

Northwood

REBOOM

# MEMBERSHIP APPLICATION

2615 Northwood Terrace, Halifax, Nova Scotia, B3K 3S5

Phone: 902-454-3351, Email: info@reboom.ca

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ APT #: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

How did you find out about Reboom: \_\_\_\_\_

( ) MALE ( ) FEMALE

Date of Birth:

D M Y  
/ /

*Emergency Contact::*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_

Membership Fees: ( ) Regular \$20.00 ( ) In Care or 85+

I verify that the above information is correct. I agree to provide additional personal/medical information as it may pertain to my participation in certain activities. Please note all information provided will be kept confidential. I understand that there is risk involved when participating in any activity and do not hold Northwood liable.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*For Office Use Only:*

Color Code: \_\_\_\_\_ ( ) New ( ) Renew  Card Received

Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Member Since: \_\_\_\_\_

Entered in Database: \_\_\_\_\_ Expiry Date: \_\_\_\_\_