

For office use only: Membership Year    New Member     Renew     Subsidy     Date Purchased:  
 Receipt: #    20--- to 20---    Amount Pd:    Membership type: member staff board volunteer



**St. Albert Family  
Resource Centre**  
 GROWING STRONG TOGETHER

## Membership Form

### First Parent

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Postal Code) \_\_\_\_\_  
 Phone (Primary) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Email\* \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Occupation\*\* \_\_\_\_\_

(\*for the purpose of programming, upcoming events and fundraising opportunities)

(\*\*if currently a stay at home parent, please list previous occupation, skills, and/or education)

Please check if you do not want to be put on our mailing list:

### Second Parent

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Postal Code) \_\_\_\_\_  
 Phone (Primary) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Email\* \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Occupation\*\* \_\_\_\_\_

Please check if you do not want to be put on our mailing list:

### Children's Information

1st Child: Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 2nd Child: Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 3rd Child: Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

**Children's Information** (continued)

4th Child: Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**Children's Health and Emergency Information**  
(MUST BE SOMEONE OTHER THEN PARENTS/PRIMARY CAREGIVERS)

**Emergency Contact # 1**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

**Emergency Contact # 2**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

**Other\***

(\*ie. Grandparents; nanny; family members that may attend programs with child...)

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

**Medical Information**

Child's Name: \_\_\_\_\_

Health Information: (that may be relevant to program participation)

Child's Name: \_\_\_\_\_

Health Information: (that may be relevant to program participation)

**Membership Options**

Annual Family Membership September 1st - August 31st \$10.00  
How did you hear about our Centre? \_\_\_\_\_

**Volunteering**

We have volunteer opportunities available. Are you interested in volunteering? (please check if yes)  
Programming Board/Committee Fundraising

*This information is collected for funding purposes. Please circle all that apply. Thank you!*  
Indigenous Refugee New Comer Temporary Foreign Worker Military