

**Membership #**

\_\_\_\_\_



## INDIVIDUAL MEMBERSHIP FORM

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone No.:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*Your email address will only be used to distribute newsletters, workshop updates, renewals and overdue reminders, if applicable. Thank you for providing your email address to reduce on paper usage and our postage costs. Your email will not be shared.*

**Please check all that apply:**

- |                                  |                          |                                   |                          |                       |                          |
|----------------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|
| Resource Consultant              | <input type="checkbox"/> | Licensed Child Care Program Staff | <input type="checkbox"/> | Parent                | <input type="checkbox"/> |
| Children's Program Supervisor/ED | <input type="checkbox"/> | Home Child Care Provider          | <input type="checkbox"/> | Student               | <input type="checkbox"/> |
| School Board Teacher             | <input type="checkbox"/> | FRP/OEYC                          | <input type="checkbox"/> | Other, please specify | __                       |

How did you hear about our organization? \_\_\_\_\_

**Name of Workplace:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

### Liability Statement

*I understand that*

- The Halton Resource Connection accepts no responsibility for injury caused by equipment borrowed.
- I am responsible for any equipment borrowed from The Halton Resource Connection
- I am responsible for returning equipment to The Halton Resource Connection in the same condition that it was borrowed.
- I am financially responsible for damage done to the equipment
- I am responsible for fines incurred on overdue items.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am renewing my membership and agree with the liability statement provided on the reverse of this form.  
Please make changes to your personal information if necessary

Date	Signature	Payment Received	Staff Initial	Entered into Database	Renewal Sent

Notes
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