



**Membership Application for September 1<sup>st</sup>, 2019 to August 31<sup>st</sup>, 2020**

Name	
Civic Address	
Mailing Address	
City/Town	
Postal Code	
Phone Number	
E-Mail	

Birthday _____/_____/_____ (dd/mm/yy)	Anniversary Date If Applicable _____/_____/_____ (dd/mm/yy)
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**Membership dues are \$20.00 per person per year.**  
**Our fiscal year runs September 1st to August 31st each year.**  
**Please mail or drop off your completed application form with payment.**

**East Beaches Senior Scene**  
**P.O. Box 115**  
**Victoria Beach, MB. R0E 2C0**

## PHOTO RELEASE FORM

### Permission to Use Photograph:

I grant to East Beaches Senior Scene Inc., the right to use photographs taken of me during functions of East Beaches Senior Scene Inc.

I agree that East Beaches Senior Scene Inc. may use such photographs of me for any lawful purpose such as the Newsletter, Web Site, Facebook and other Social Media which highlight our club activities.

I have read and understand the above.

Date:	
Name: (please print)	
Signature:	