



**Our Mission:**  
*West Side Family Place is a resource centre dedicated to supporting families with young children. It is a place to meet new friends, gain a sense of community, and receive ongoing assistance that helps families raise happy, healthy children.*

2819 West 11<sup>th</sup> Avenue, Vancouver, BC, V6K 2M2 | 604-738-2819 | [wsfp\\_info@telus.net](mailto:wsfp_info@telus.net) | [www.westsidefamilyplace.com](http://www.westsidefamilyplace.com)

## MEMBERSHIP 2019 - 2020

Membership # G \_\_\_\_\_  
 Expires October 31, 2020

### About Your Family

Last Name of Child/Children \_\_\_\_\_

Child/ Children's First Name \_\_\_\_\_

Parent/s Names (First and Last) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

WSFP emails information about upcoming programs and special events to our members. If you do not wish to receive email updates please check the following box.

No, I do not wish to be emailed program and special event information.

### Membership Type:

New (\$40/year)     Renewal (\$40/year)     Complimentary (please see staff for details)

*\*Please note in addition to membership there is a drop-in fee of \$2 per family per visit.\*  
 If cost is an issue, please speak to staff to receive complimentary tickets.*

### About Donating

West Side Family Place is a non-profit society funded in part by your donations. A tax-deductible receipt will be issued for donations of \$10.00 and over.

I wish to become a monthly donor. *Please ask staff for details.*     Yes  
 I wish to make a one-time donation of:     \$35     \$50     \$100     Other \_\_\_\_\_

### About Volunteering

Do you have special skills or interests that you would like to contribute?     Yes

Please describe: \_\_\_\_\_

Are you interested in being on the Board of Directors?     Yes

Are you interested in being on a Committee or Task Force?     Yes

**PLEASE TURN OVER...**

## MEMBERS RIGHTS & RESPONSIBILITIES

### Rights

- Each Family Place member will be treated with respect by staff and volunteers.
- Each Family Place member is entitled to access all public space, program supplies and services.
- Each Family Place member is entitled to a safe and healthy environment at Family Place

### Responsibilities

- Each Family Place member will treat all members, visitors, staff and volunteers with respect.
- Each Family Place member is responsible for maintaining the physical environment of Family Place, which includes cleaning up after one's child and oneself.
- Each Family Place member will respect the health and safety rules which include not entering the drop-in when the full sign is out.

**I have read and understand the Members' Rights and Responsibilities** \_\_\_\_\_ *please initial*

## WAIVER

West Side Family Place wishes to remind members and guests that it is not responsible for any loss or damage sustained by members and guests while on its premises. Parents and caregivers are reminded that their children must be supervised by them at all times.

It is the responsibility of parents and caregivers to take precautions to avoid injury or loss/damage to belongings. In the event a parent or caregiver observes any situation at West Side Family Place which causes them concern, please report it to a staff member immediately.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PRIVACY POLICY

West Side Family Place respects and upholds an individual's right to privacy and the protection of his or her personal information. We are committed to collecting, using and disclosing personal information in compliance with British Columbia's Personal Information and Protection of Privacy Act (PIPA). A complete copy of West Side Family Place's Privacy Protection Policy is available on request from the Executive Director.

If you have any questions or concerns about the personal information about you being held at West Side Family Place that cannot be answered by the staff or the Executive Director, please leave a message for the Privacy Officer (Board Director) at [wsfp@telus.net](mailto:wsfp@telus.net) or 604-738.2819.

### Office Use Only:

<i>Date:</i>	<i>Staff Initials:</i>	<i>Computer Entry #</i>
<i>Amount Paid:</i>	<input type="checkbox"/> cash <input type="checkbox"/> cheque <input type="checkbox"/> Square <input type="checkbox"/> VISA	
<i>Additional Information:</i>	<i>Donation:</i> <i>Tax Receipt #</i>	