



**MSBCA** Calgary

**Malaysian Singaporean Bruneian Community Association**

Non-Profit Organization Since 1989

**Address:** #301, 114 – 3 Avenue SW Calgary, Alberta T2P 0E7

**Telephone:** (403) 289-7711

**Website:** www.msbc.ca

## FAMILY MEMBERSHIP RENEWAL FORM

*The following information is encouraged but not required for membership.*

<b>Applicant First Name</b>		<b>Applicant Last Name</b>	
<b>Gender</b>	M <input type="checkbox"/> / F <input type="checkbox"/>	<b>Birth Date (dd/MM/yyyy)</b>	

<b>Address</b>			
	<b>Street Address</b>		
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>

<b>Phone:</b> (Please check off preferred number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Home</b>	<b>Mobile</b>	<b>Work</b>

<b>Email</b> (Please check off preferred address)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Personal</b>	<b>Work</b>

Please check off your preferred method of contact:

**Phone Number**

**Email Address**

**Mailing Address**

<b>Membership Type:</b>	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25
	<b>Individual Membership – individuals over 25 years of age</b>	<b>Family Membership</b>

Please send your application form along with payment to the mailing address listed above (address to Membership Director).

<b>Origin:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
	<b>Malaysian</b>	<b>Singaporean</b>	<b>Bruneian</b>	<b>Other, please specify</b>

Would you be willing to **volunteer** with MSBCA?

Yes

No

How **frequent** would you be able to *volunteer*?

<input type="checkbox"/> Once a week	<input type="checkbox"/> Once a month	<input type="checkbox"/> Once a year	<input type="checkbox"/> Other, _____
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Which type of **activities** would you be interested in *helping/participating*?

<input type="checkbox"/> Sports (Eg. Camping, snowshoeing, skiing, etc.)	<input type="checkbox"/> Food (Eg. Cooking, baking, etc.)
<input type="checkbox"/> Arts (Eg. Dancing, music, taichi, etc.)	<input type="checkbox"/> Other, _____

Family Members					
	Name	Gender	Birth Date (dd/MM/yyyy)	Contact (if applicable)	
Spouse		M <input type="checkbox"/> / F <input type="checkbox"/>		Email	
				Phone	
	Preferred <b>volunteer</b> activity (if applicable)	<input type="checkbox"/> Sports	<input type="checkbox"/> Food	<input type="checkbox"/> Arts	<input type="checkbox"/> Other, _____
Child #1 (under 25 years old)		M <input type="checkbox"/> / F <input type="checkbox"/>		Email	
				Phone	
	Preferred <b>volunteer</b> activity (if applicable)	<input type="checkbox"/> Sports	<input type="checkbox"/> Food	<input type="checkbox"/> Arts	<input type="checkbox"/> Other, _____
Child #2 (under 25 years old)		M <input type="checkbox"/> / F <input type="checkbox"/>		Email	
				Phone	
	Preferred <b>volunteer</b> activity (if applicable)	<input type="checkbox"/> Sports	<input type="checkbox"/> Food	<input type="checkbox"/> Arts	<input type="checkbox"/> Other, _____
Child #3 (under 25 years old)		M <input type="checkbox"/> / F <input type="checkbox"/>		Email	
				Phone	
	Preferred <b>volunteer</b> activity (if applicable)	<input type="checkbox"/> Sports	<input type="checkbox"/> Food	<input type="checkbox"/> Arts	<input type="checkbox"/> Other, _____
Child #4 (under 25 years old)		M <input type="checkbox"/> / F <input type="checkbox"/>		Email	
				Phone	
	Preferred <b>volunteer</b> activity (if applicable)	<input type="checkbox"/> Sports	<input type="checkbox"/> Food	<input type="checkbox"/> Arts	<input type="checkbox"/> Other, _____

**Other Information:**

**NOTE:** You are required to sign the Indemnity Agreement on the following page

**READ BEFORE SIGNING**  
**Assumption of Risk**  
**Release and Waiver of Liability**  
**Indemnity Agreement**

In consideration of the Malaysian Singaporean Bruneian Community Association (hereinafter known as MSBCA) approving this application and allowing our participation in MSBCA activities and programs,

**I UNDERSTAND AND AGREE**, on behalf of my minor child/ward, myself, my heirs, assigns, personal representatives and next of kin that my execution of this document constitutes:

1. an unqualified **ASSUMPTION OF ALL RISKS** associated with participation in MSBCA if arising from the negligence, gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of MSBCA and any persons associated therewith or participating herein, and
2. a **FULL AND FINAL RELEASE AND WAIVER OF LIABILITY** of MSBCA and all persons and organizations associated with it including, without limiting the generality of the foregoing, its officers, directors, officials, agents, and/or employees, other participants, sponsors, advertisers, owners and/or lessors of the premises used to conduct the activities and programs, sanctioning bodies, medical or rescue personnel (the **RELEASEES**), of and from and with respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, gross negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an **UNDERTAKING NOT TO SUE** the **RELEASEES** for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from my participation in MSBCA activities and programs, and
4. an **AGREEMENT TO INDEMNIFY** and to **SAVE** and **HOLD HARMLESS** the **RELEASEES**, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claims is based on the negligence or gross negligence of the **RELEASEES** or otherwise.

**I HAVE READ THIS DOCUMENT THOROUGHLY**

**I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I WOULD OTHERWISE HAVE.**

**I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.**

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**Signature** of *Applicant and Parent/Guardian* of  
Minor Child/Ward as previously listed

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**Printed Name** of *Applicant and Parent/Guardian*  
of Minor Child/Ward as previously listed

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**Signature** of *Witness*

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**Printed Name** of *Witness*

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**Date** (dd/MM/yyyy)

I consent to receive MSBCA's newsletter containing news, updates and other notifications (in which I can withdraw my consent at any time).