

Membership#

Membership Form 2015

Name: _____

Address: _____

Phone: (____) _____ - _____

Cell: (____) _____ - _____

Email: _____

- Adult membership \$20
- Youth membership \$10 D.O.B ___ / ___ / _____
- Family membership \$30

ADULT NAME	JUNIOR NAME	Jr.D.O.B

Please mail membership with payment to: 1715 Centre Rd., RR2 Hamilton, L8N2Z7

Office use only:

- New Member
- Returning Member
- Director(Position) _____
- Membership Paid: ___ / ___ / 2015