

## Membership Form 2017

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Adult membership \$10

Youth membership \$10 D.O.B. \_\_/\_\_/\_\_\_\_

Family membership \$15

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: \_\_\_\_/\_\_\_\_/2017