



MEMBERSHIP APPLICATION

Date: (month/day/year) _____

(PLEASE PRINT)

Family Name: _____ Given Name: _____

Spouse Name: _____

Address: _____ Postal Code: _____

Telephone (Res): _____ Cell #: _____

Email Address: _____

Number of Children Under 18 years of Age: _____

Which of the following program (s) are you registering for this year:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Pre-School | <input type="checkbox"/> Ringette |
| <input type="checkbox"/> Curling | <input type="checkbox"/> Soccer | <input type="checkbox"/> Pioneers |
| <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Out of School Care | <input type="checkbox"/> Other |

Outside of the required volunteer commitment would you be interesting in volunteering your time? Yes / No
If so in what area:

- | | | |
|--|---|--|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Special Events (Specify)
_____ |
| <input type="checkbox"/> Inn From the Cold | <input type="checkbox"/> Office | _____ |
| <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Membership Sales | _____ |

OFFICE USE ONLY

Memberships are \$25.00 per Family or Individual

Membership Number: _____ Expires: September (yr) _____

Method of Payment: Cheque # _____ Cash / Debit _____ Visa / MasterCard / Amex

Card Holders Name: _____ Card #: _____ Expires _____

(Applicants Signature)

(Authorized By)