



Membership Form

Member Information					
				<i>Male</i>	<i>Female</i>
				Age	
<i>Name</i>					
Date Application received	Date here	Date Admitted	Date here		
<i>Occupation</i>					
Children's	How Many			Ages	

Address Information

<i>Main Address (Street)</i>					
<i>City, Prov, Postal Code)</i>					
<i>Home Telephone</i>			<i>Cell</i>		
<i>Email:</i>					

Citizenship	
Signature	
Sponsors <i>Minimum 1, or more required</i>	
Cost	\$100.00

Office Use Only

<i>Entry Fee - Date Received</i>			
:	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	<i>Cheque #</i>

Send Attention to: Milena Gallinaro