



Application for Membership

Please Print

Name: _____

Street Address: _____

City: _____ **Province:** _____

Postal Code: _____ **Phone Number:** _____

E-Mail Address: _____

Date of Birth: _____ **Place of Birth:** _____

Signature: _____ **Date:** _____

For Office Use Only			
Membership Type		Membership Status	
___ Regular	___ Lifetime	___ New	___ Renewal
Amount Paid	Date	Year	Initial
Member Number	Receipt Number	Date of Acceptance	