



Name:

First Name

Middle Name

Last Name

Partner's Name:

First Name

Middle Name

Last Name

Address:

Street

City/Town

Province

Postal Code

Telephone:

Home

Cell

Work

Email:

Occupation / Title:

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Membership Fee:

First Sponsoring Member:

Second Sponsoring Member:

Payment in full must accompany your application or authorization provided to use your Credit Card for payment upon acceptance of your application.

HST:

TOTAL:

Date:

Signature :