## **MEMBERSHIP APPLICATION**



				Million	HICAN MANA
Last name:		Date:			
First name: Date			birth:		
Address: City:					
Postal code:			Home Tel: ( )		
Work Tel: ( )	Email:	Email:			
Emergency contact		Phone: (	)		
MEMBERSHIP CA	TEGORY				
of Snowbird, 3 month Trial  Your membership fees are  For your convenience a Me renewed on your anniversa  CANCELLATION OF MEMBERS UNLESS A DOCTOR'S NOTE OF  Members must be at least 1 completed the Introduction		berships).  Prized Payment Plan is autorized Payment Plan is autorized one month prior to your Plant Year IS SUBJECT TO A LOCATION IS PRESENTED.  Tree. Members 12-15 years on welcome.  It is photographed for archival of the process	omatically ur expiry \$120 CAN old who ha	date. CELLATION FEE, ave successfully onal purposes. Such	•
Last Name	First Name	Date of Birth	Sex	E-mail	
TOTAL PAYMENT (HST)		1			
☐ Cash	☐ Pre-authorized payments	☐ Cheque		☐ Credit Card	ı
HOW DID YOU HEAD IN NEWSPAPER  FORMER MEMBER  REFERRING MEMBE	AR ABOUT THE SOLOV  WEBSITE  ER NAME	VAY JCC?			

Member Signature \_\_\_\_\_ Staff signature \_\_\_\_\_