



Club 63 North Use Only

PRIVATE

Date: \_\_\_\_\_

# Full-Time Membership Application Form

E	M	P	#

L	A	S	T	N	A	M	E	F	I	R	S	T

PLEASE CHECK ONE BOX ONLY & FORWARD TO: *CLUB 63 NORTH - MD: 5200*

**ENROL**

I would like to join Club 63 North. This form will authorize Syncrude Payroll to deduct the current membership fee from each of my pay deposits.

**CANCEL**

By return of my Club 63 North membership card, and my signature below. I hereby authorize Syncrude Payroll to stop deducting the membership fee from my pay deposits. I understand that if I wish to rejoin the Club, I must wait for a period of one year from this date.

Y	Y	D	D	M	M

DATE

EMPLOYEE'S SIGNATURE

MAIL DROP

STREET ADDRESS: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: Home (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

**FOR PAYROLL USE ONLY:** Entered: \_\_\_\_\_

Note: After processing, return form to Club 63 North at M.D. 5200

**FOR CLUB OFFICE USE ONLY:**

Date sent to Payroll: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Date rec'd from Payroll: \_\_\_\_\_  
initial

Date Card / Package Issued: \_\_\_\_\_ Signature: \_\_\_\_\_

Card / Package Sent to: Home \_\_\_\_ Mail Drop \_\_\_\_