



MEMBERSHIP APPLICATION FORM

Co-Op _____ (\$3/pay) Maternity/Paternity Leave _____ (\$3/pay)
 Leave of Absence _____ (\$3/pay) Seasonal Employee _____ (\$3/pay)
 Casual Employee _____ (\$78) Other _____ (\$78)

EMPLOYEE NUMBER:

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EMPLOYEE NAME: _____
Last name First name

I would like to join Club 63 North. This form, along with my non-refundable dues of \$_____ are enclosed.

Paid by: ___ Cash ___ Cheque CC# _____ expiry ___/___

TERM: _____, 201__ TO _____, 201__

HOME ADDRESS:

_____ street _____ city _____ province postal code

HOME PHONE #: _____ WORK PHONE #: _____ MAIL DROP # _____

DEPENDANTS - NAME(S)	DATE OF BIRTH YR/MO/DAY	AGE	SEX M/F

CHEQUES ARE MADE PAYABLE TO CLUB 63 NORTH AND SENT TO MAIL DROP 5200, OR PAYMENT CAN BE MADE BY VISA OR MASTERCARD. SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE OFFICE @ 790-6268