

## 2024 Membership Application

Nar	me								
Address					Res.Tel				
City/ town					Bus.Tel/				
Postal Code					email				
Fam	ily mem	nbers (re	siding at same addre	ess):					
Name				Year of birth		Na	`	Year of birth	
		N.	lomborchin roquir	os a minim	um 6 ma	nth com	mitmont		
		IV	<u>lembership requir</u> MONT	HLY MEMB			miunent.		
	Family		2 parents with up to 3 children living at the same address. Each additional child is \$10 extra per month.						\$ 140
	Adult		born in 2005 or earlier						\$ 110
			born in 1959 or earlier						\$ 90
	□ Junior		born in 2006 or later						\$ 80
an unotifit is the II am relation	nsigned ication of the res minimu aware ion to the	d voided of resignate ponsibil om 6 mon there are ne activiti	ship dues will be made cheque. Payments ation is received 15 coity of the member to the has passed. The risks for injury involves and programs of Fitive employees and so.	are processed ays prior to ocancel a relation ocancel are level in any particular ocan and particular ocan are level in any particular ocan are level ocan a	ed on the second month-end nembersh hysical act se of injury	3 <sup>rd</sup> bankir <u>I</u> . GST wil <b>ip, we do</b> tivity and l or illness	ng day of each I be added to al I not give notification I freely assume I, RWBC, Shuttl	month Il fees. ication these esport	unless after risks in Alberta
Signature:				· · · · · · · · · · · · · · · · · · ·	Date:				
AMO	UNT PA	AID: \$		CASH 🗆	VISA 🗆	М/С □	INTERAC	CHEC	<u>)</u> UE 🗆
			□ Receive oc	casional RW	BC bulletin	s by emai	l?		