

2020 Membership Application

Naı	me							
Address					Res.Tel			
City/ town					Bus.Tel/			
Postal Code					email			
Fam	ily mem	nbers (wi	th year of birth if bo	rn in 2002 c	or later):			
Name			me	Year of birth	f	Na	Year o	
		N	lembership requi	res a mini	imum 6-mo	onth com	nmitment.	
		<u> </u>			BERSHIP D		- Internotice	
□ Family <i>mu</i>			must be related and residing in same home					\$ 80
	A 1 14		born in 2001 or earlier					\$ 70
	□ Senior		born in 1955 or earlier					\$ 60
□ Junior			born in 2002 or later					\$ 50
□ Non-			residing a minimum of 100 km from the club – check category above					
resident		nt	and enter 50% of stated dues					
an unotifult is the lame related	insigned ication of the res minimumal aware ion to t	d voided of resign ponsibi om 6 mo there are	ship dues will be ma cheque. Payments ation is received 15 lity of the member nths has passed. e risks for injury invo- ties and programs to respect the poste	are proces days prior to to cancel a blved in any of RWBC.	ssed on the to month-end membersh physical ac In case of ir	3 rd bankii <u>d</u> . GST wi i ip, we do tivity and	ng day of each Il be added to a o not give notif I freely assume	month <u>unless</u> Il fees. ication after these risks in
	_							
Signature:				Date:				
AMC	AMOUNT PAID: \$				VISA □	М/С □	INTERAC	CHEQUE □
			□ D Δ	caiva Club I	Rullatin hv ar	mail2		