

Payment Received _____



MEMBERSHIP APPLICATION

330 Gage Avenue, Unit 10
Kitchener, ON N2M 5C6

NAME _____ ACBL NUMBER _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

I understand that our club is member-owned and volunteer-run and all members are expected to participate in club operations on a voluntary basis when asked.

I promise to abide by the club's Code of Conduct.

I agree to have my name included in the club's telephone directory.

SIGNED _____ DATE _____

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