



8 Park Drive South Stouffville,  
Ontario L4A 1G4

**New**  **Renew**

**Membership/Renewal Application**

**Name:**

**Last:** \_\_\_\_\_

**First:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

Apt/Ste

Town

DAY

MONTH

YEAR

**Phone Number:**(        ) \_\_\_\_\_

**Cell#:**(        ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**In Case of Emergency**

**Name of Contact:** \_\_\_\_\_

**Phone #**(\_\_\_\_\_) \_\_\_\_\_ **Cell#**(\_\_\_\_\_) \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name of Contact:** \_\_\_\_\_

**Phone #**(\_\_\_\_\_) \_\_\_\_\_ **Cell#**(\_\_\_\_\_) \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Amount \$20.00** \_\_\_ Cash or Cheque

**IF 90 Please give Birth Date IN FULL** \_\_\_\_\_

DAY

MONTH

YEAR