



## Membership Application Form

New member  Renewal Membership

### Primary Applicant Information

Last:	First:	Occupation:
Email Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age Group: <input type="checkbox"/> 18 – 29 <input type="checkbox"/> 30 – 40 <input type="checkbox"/> 40 – 50 <input type="checkbox"/> 50 & over		Cell:

### Spouse Information

Last:	First:	Occupation:
Email Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age Group: <input type="checkbox"/> 18 – 29 <input type="checkbox"/> 30 – 40 <input type="checkbox"/> 40 – 50 <input type="checkbox"/> 50 & over		Cell:

### Residential Address

Street:	Apt.#:
City:	Province: Postal Code:

### Children Information (optional)

Last Name	First Name	Gender	Date of Birth (DD/MM/YYYY)
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

### Membership Fee & Payment Information

<b>I request the prescribed membership fee checked below:</b> \$15 For a Youth/Student Membership (must be 18 years of age and older). \$30 For an Adult Membership. \$50 For a Couple Membership. Other desired amount (please specify): _____ Already a Member through the Pre-Authorized Payment.	MOP: <input type="checkbox"/> Void Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	
	Name on Card:	
	Card Number:	
	Expiry Date:	
	Security Code:	
<b>Please debit the prescribed membership fee from my bank account: \$ _____ (please attach VOID cheque)</b>		
Financial Institution #: _____	Account #: _____	Transit #: _____

\*\*\*Please Note: The debit will be processed to your account on the 14th day of each month or the next business day.

**I / We hereby certify that all information provided on the membership application form is correct.**

Member / Donor Signature: .....

Date : .....

**Cancellation of Agreement:** I may revoke my authorization at any time, subject to providing notice of (Payee to insert period - not to exceed 30 days). To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Recourse/Reimbursement Statement:** You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).