

**Promotion ID:**



**INSTRUCTIONS:** Please have the paying Parent or Guardian complete this form.

**COST:** \$49 flat fee per 1 Year Membership (2 Adults, 2 Children) plus GST.

**OPTIONAL:** \$10 per additional member (ages 5 to 17); Must be added at time of purchase.

**FOR OFFICE USE ONLY:**

**Date (mm / dd / yyyy):**

**Membership ID:**

**Membership Expiry (mm / dd / yyyy):**

**STEP 3: ADDITIONAL MEMBERS, \$10 EACH (Youth or Senior) SKIP THIS STEP**

1<sup>st</sup> Addition: Full Name:

FEMALE  MALE

2<sup>nd</sup> Addition: Full Name:

FEMALE  MALE

**STEP 4: PAYMENT INFORMATION**

**ORDER SUMMARY**

Item	QTY	PRICE	GST	TOTAL
Membership Fee	1	\$49	\$2.45	\$51.45
Additional Member Donation				

**GRAND TOTAL: \$** \_\_\_\_\_

**PAYMENT INFORMATION**

Method:  Cash  Debit  Visa  MasterCard  American Express  Cheque

Full Name on Credit Card (exactly as shown):

Credit Card Number: \_

Expiry (mm / yy): /

**STEP 2: CHILDREN/DEPENDANTS INFORMATION**

*\*required fields, \*\*required section*

**\*\*1st CHILD/DEPENDANT (Youth or senior):**

\*FIRST NAME:

\*LAST NAME:

FEMALE  MALE

**2nd CHILD/DEPENDANT (\*\*IF APPLICABLE, youth or senior):**

\*FIRST NAME:

\*LAST NAME:

FEMALE  MALE

**STEP 1: PARENT/GUARDIAN INFORMATION**

*\*required fields, \*\*required section*

**\*\*1<sup>st</sup> PARENT/GUARDIAN INFORMATION (PERSON TO BE BILLED):**

*FIRST NAME:	*LAST NAME:
*UNIT/STREET ADDRESS:	*PROVINCE: __ __
_____	*CITY: _____
	*POSTAL CODE: _____
*HOME PHONE: (____) _____ - _____	CELL PHONE: (____) _____ - _____
EMAIL:	<b>I WOULD LIKE TO DONATE: \$25 / \$50 / \$100 / \$_____</b>
	...Your donation is tax-deductible and will allow us to Honour the Past, Inspire the Future.
*Please send my Family Membership information by ( <i>Check all that apply</i> ): <input type="radio"/> MAIL <input type="radio"/> EMAIL	

**2<sup>nd</sup> Parent/Guardian Information (\*\*IF APPLICABLE):**

*FIRST NAME: _____	*LAST NAME: _____
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