



"NEW MEMBER"

October 1st

\$60.00

-

September 30th

FOR THE PERIOD

Name.....

Date of Birth: Month.....Day..... Year.... 19...

Name of Spouse .. or.. Companion.....

Date of Birth: Month..... Day..... Year... 19...

Anniversary Date: Month..... Day..... Year ... 19...

Street Address:

Apt #..... P.O. Box: or R.R. #

Municipality:Prov or State:

Postal Code: Zip Code

Telephone & Fax:

Res: ()

Bus: ()

Cell: ()

email address:

Home:

Bus:

PLEASE forward payment and membership information to Bud Stanley, 8 Rockway Place, NEW HAMBURG, ON. N3A 2E8