



3505 30th Avenue, Vernon BC
250-549-4201

Membership Application Form

Last Name: _____ First Name: _____

Address: _____

Postal Code: _____ Phone: _____

Email: _____

Birth date: _____

Are you willing to volunteer? Yes/No

What activities are you interested in volunteering in? _____

NAME OF EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

Office Use Only

MEMBERSHIP CARD: _____ DATE: _____

NEW MEMBER (Clip board) _____ RECEIPT: _____

NEW MEMBERSHIP BINDER: _____ AMOUNT: _____

DAILY RECORD BOOK: _____ EXPIRY DATE: _____

RECEPTION DESK: _____ MEMBERSHIP #: _____

COFFEE SHOP: _____ OFFICE: _____

TOUR OFFICE: _____ COMPUTER: _____

RENEWALS

<u>RENEW DATE</u>	<u>RECEIPT</u>	<u>EXPIRY DATE</u>	<u>RENEW DATE</u>	<u>RECEIPT</u>	<u>EXPIRY DATE</u>