

NEW MEMBER APPLICATION FORM

(A separate application is required for each member)

Any resident of Chestermere or surrounding areas, who (or whose spouse) is 50 years of age or older is eligible for a membership in the Chestermere Whitecappers Association.
 The membership year runs May 1 to April 30 inclusive.

PLEASE PRINT

<p>Name: _____</p>
<p>Address: _____ _____</p>
<p>City / Town: _____ AB Postal Code: _____</p>
<p>Telephone: _____</p>
<p>Email Address: _____</p>
<p>Date of Birth: (d) _____ (m) _____ (y) _____</p>
<p>** Do you wish to have your name and phone number printed in the Whitecappers Telephone Book: Yes ___ No ___</p>
<p>** Would like mention of your birthday to appear in monthly newsletter? Yes ___ No ___</p>
<p>Please note: Only your name in birth month will appear in the newsletter (not your actual date or age)</p>

<p>EMERGENCY CONTACT: (must be completed)</p>
<p>Name: _____ Relationship: _____ Phone: _____</p>

<p>All members are issued a free name tag when joining the Whitecappers and are asked to wear them to all activities. Replacement or extra name tags will cost \$10.00.</p>
<p>Would you prefer your name tag to have: a magnetic closure? _____ a pin back? _____</p>

I am aware that it is a condition of participation in any recreational activity, volunteer service, event, or travel provided by, or on behalf of the Chestermere Whitecappers that the participant does so at his/her own risk. The Chestermere Whitecappers, its agents or volunteers are not liable for any physical or material loss, damage or injury, loss of life, or cost resulting from, or in connection with such participation.

Signature: _____ Date: _____

<p>Office Use Only Membership Date: _____ Payment: Cash: _____ Cheque _____</p>
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Pin ordered _____ Received by _____