



**CHESTERMERE WHITECAPPERS ASSOCIATION
NEW MEMBERSHIP FORM**



MEMBER ITEM	PLEASE PRINT INFORMATION
APPLICATION DATE (DD-MM-YY)	
LAST NAME	
FIRST NAME	
ADDRESS	
CITY	
PROVINCE	
POSTAL CODE	
BIRTHDAY (YY-MM-DD)	
PUT BIRTHDAY IN NEWSLETTER?	YES ____ NO ____
HOME PHONE NUMBER	
CELL PHONE NUMBER	
PRINT NUMBER IN CWA PHONEBOOK	YES ____ NO ____
EMAIL ADDRESS FOR NEWSLETTER, ETC (If you do not have email, is there someone who can receive emails on your behalf? - If so please enter their email.)	
EMERGENCY CONTACT 1	
CONTACT 1 PHONE NUMBER	
CONTACT 1 RELATIONSHIP	
EMERGENCY CONTACT 2	
CONTACT 2 PHONE NUMBER	
CONTACT 2 RELATIONSHIP	
LAPEL PIN	YES ____ NO ____
PIN TYPE (REG/MAGNETIC)	REGULAR PIN ____ MAGNETIC ____
MEMBERSHIP YEAR	2020-2021 ____ 2021-2022 ____
TYPE OF MEMBERSHIP	NEW ____ RENEWAL ____ LIFE ____
MEMBERSHIP PAID TO DATE?	YES ____ NO ____