

MEMBERSHIP FORM

PRIMARY 1	First Name:	Last Name:	Middle Initial:
Address:		City:	Postal Code:
Home Tel:	Work Tel:	Cell Ph:	
Email:	DOB: (D/M/Y)		M / F / Other

PRIMARY 2	First Name:	Last Name:	Middle Initial:
Address:		City:	Postal Code:
Home Tel:	Work Tel:	Cell Ph:	
Email:	DOB: (D/M/Y)		M / F / Other

Ages: 0 - 24	First Name	Last Name	Middle	Gender	DOB (D/M/Y)	Phone
1)				M / F / Other		
2)				M / F / Other		
3)				M / F / Other		

Please tick the type of membership (✓)

Annual Membership	5 Year Membership	10 Year Membership	Lifetime Member
<input type="checkbox"/> \$2 Child (0-15 Recreation only)			
<input type="checkbox"/> \$2 Youth (16-24)	<input type="checkbox"/> \$9 Youth (16-24)	<input type="checkbox"/> \$18 Youth (16-24)	<input type="checkbox"/> \$140 Youth (16-24)
<input type="checkbox"/> \$2 Senior (55+)	<input type="checkbox"/> \$9 Senior (55+)	<input type="checkbox"/> \$18 Senior (55+)	<input type="checkbox"/> \$140 Senior (55+)
<input type="checkbox"/> \$3 Adult (25+)	<input type="checkbox"/> \$14 Adult (25+)	<input type="checkbox"/> \$28 Adult (25+)	<input type="checkbox"/> \$140 Adult (25+)
<input type="checkbox"/> \$7 Family (max. 4 ppl)	<input type="checkbox"/> \$30 Family (max. 4 ppl)	<input type="checkbox"/> \$60 Family (max. 4 ppl)	<input type="checkbox"/> \$140 Family (max. 4 ppl)
<input type="checkbox"/> ** \$7 Childcare (max. 4 ppl)	Memberships expire annually on March 31st.		

This information will be used for admission, registration, research, communications and other purposes consistent with the mandate of Collingwood Neighbourhood House. The use of this information will be in compliance with the *BC Freedom of Information and Protection of Privacy Act*. We do not share CNH members' contact information with any other organization. Collingwood Neighbourhood House is not responsible for food offered at potluck events. Please inform your program coordinator about any allergies.

Languages spoken. English Chinese Tagalog Spanish Punjabi Other _____

Association with CNH? Childcare Parent Recreation Participant Committee Member Volunteer
 Staff Other _____

I would like to subscribe to the electronic version of the monthly Renfrew Collingwood Community News. Yes

I would like to be contacted by e-mail about special events, volunteer opportunities. "Egnkpi y qqf "P gki j dqwtj qqf " [gu J qwg'r tqi tco o lpi "qt"qj gt "lphqto cvqp"tgrxcpvq"Egnkpi y qqf "P gki j dqwtj qqf "J qwg"o go dgtu0

In which language would you like to receive an e-mail copy of our program brochure? English Chinese Spanish



Signature: _____ Date: _____

OFFICE USE ONLY	Amount Collected: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit	Primary 1:
** <input type="checkbox"/> CHILDCARE (Specify) Centre:	<input type="checkbox"/> LINC Program		Primary 2:
Form Submitted By (Print) Name of Staff:			Child 1:
Database Input By:	Database Date Entered:	Child 2:	
Notes & Instructions:			Child 3: