K-W BADMINTON CLUB

New Membership Application

Name:				
	(First)	(Last)	(Parents Name	for Junior Members)
Address:				
	(Street)		(City)	(Postal Code)
Contact:	ontact: Primary Phone #: () Secondary			()
Birth Date	Tth Date: Gender: M (MM / DD / YYYY) (Circle one)			/ F
Email Addı	ress:			
<u>Emergency</u>	/ Contact Inform	<u>ation</u>		
Name:	Number: (
	(First) (I	_ast)	,	
Membership Fee (circle one) Adult 4 mth Intro, Student 4 moth, Family/Adult/ Junior 4 mth, Full Adult, Full Student, Full Family, Junior, Limited Adult, Seniors, Lessons Only)				\$
HST	tudent, i dii i aniiiy, .	Julior, Elitilled Addit, S	Seriiors, Lessons Orny)	
(13% of Membership Fee)				\$
Social Fund (Adults \$12.00, Juniors \$8.00, Families \$30.00)				\$
Volunteer Fee (\$35.00; \$12.00 4-Month Students; Junior exempt)				\$
	Already Paid ract \$10.00 or \$14.0	10)		
(Subt	Tact \$10.00 or \$14.0			\$
			Total	*
_				\$
How did yo	ou hear about us	?		
I have read	d the Membershi	p Guidelines and a	ngree to the terms and p	oolicies
Signature of Member or Guardian				Date
Office Use (Only			
	-	Data	D. a	Accord Voy #:
Amount Receiv	ved:	_ Date:	By:	Access key #