

Date: _____



Membership Office Only:
Recorded in file? Yes___No___
Gift Certificate #: _____

Gift Certificate for Membership Application

PURCHASER: Are you a Member? Yes___No___ ID # _____

Mr. Mrs. Ms. Dr. (please circle one)

First Name _____ Last Name _____

Address _____ City _____ Province _____

Postal Code _____ Home Phone _____ Email Address _____

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RECEIVER: Are they already a Member? Yes___No___ Member ID # _____

Mr. Mrs. Ms. Dr. (please circle one)

First Name _____ Adult (primary) _____ Last Name _____

Mr. Mrs. Ms. Dr. (please circle one)

First Name _____ Adult (secondary) _____ Last Name _____

Address (if known) _____ City _____ Province _____

Postal Code _____ Home Phone _____ Email Address _____

Child's Name _____ Birthdate _____ Sex (M / F) _____

Child's Name _____ Birthdate _____ Sex (M / F) _____

Child's Name _____ Birthdate _____ Sex (M / F) _____

Child's Name _____ Birthdate _____ Sex (M / F) _____

Additional Person – For Family Group Membership Only		
Name of Additional person _____	Adult/Senior/Student/Youth/Child _____	Birthdate _____
Name of Additional person _____	Adult/Senior/Student/Youth/Child _____	Birthdate _____
Name of Additional person _____	Adult/Senior/Student/Youth/Child _____	Birthdate _____

