|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEMBERSHIP APPLICATION** | | | | |
| **YEARLY MEMBERSHIP FEE – JANUARY 1 TO DECEMBER 31 - $15 SINGLE OR $30 FAMILY** | | | | |
| **SINGLE MEMBERSHIP** | | | | |
| NAME | | | | |
| PHONE (H) | | CELL (opt.) | | WORK (opt.) |
| ADDRESS: | | | | |
| CITY: | | POSTAL CODE: | |  |
| Email: | | | | |
|  | |  | |  |
| **ARE YOU A MEMBER OF ANY OTHER CLUB?** Yes\_\_\_\_ No\_\_\_\_ | | | |  |
|  | |  | |  |
| **FAMILY MEMBERSHIP** | | | | |
| NAME OF SPOUSE | | | | |
| PHONE (H) | | CELL(opt.) | | WORK (opt.) |
| Email: | | | | |
|  | |  | |  |
| **CHILDREN UNDER THE AGE OF 18** | | | | |
| NAME | AGE: | |  | |
| NAME | AGE: | |
| NAME | AGE: | |
| NAME: | AGE: | |
| **PLEASE SEND CASH OR CHEQUE WITH THIS FORM TO:** | | | | |
| Nepean Nomads Walking Club  c/o Carol Harrison ,Treasurer  5 Maple View Crescent,  Ottawa, K2G 5H6 | | | | |