

Principal Applicant:

First Name:	Last Name:	Gender (M/F):	Date of Birth (DD/MM/YYYY):
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		SIN :	ID (Name / No):
Address:			
City:	Province:	Postal Code:	
Parent's email:	Home Phone:	Cell Phone:	

Next of Kin:

Name:	Relationship:	Cell Phone:	Home Phone:
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Spouse:

First Name:	Last Name:	Gender (M/F):	Date of Birth (DD/MM/YYYY):
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		SIN :	ID (Name / No):
email:	Home Phone:	Cell Phone:	

List of Children:

First Name	Last Name	Date of Birth:	Gender:
Child Name:	Child Name:		<input type="checkbox"/> F <input type="checkbox"/> M
Child Name:	Child Name:		<input type="checkbox"/> F <input type="checkbox"/> M
Child Name:	Child Name:		<input type="checkbox"/> F <input type="checkbox"/> M
Child Name:	Child Name:		<input type="checkbox"/> F <input type="checkbox"/> M
Child Name:	Child Name:		<input type="checkbox"/> F <input type="checkbox"/> M

Membership Fees:

Total Membership Fees: \$

Payment Type: Cash Cheque Cheque No. Cheque Date:

Referred by: Received by:

Principal Applicant:

Name: _____ Signature: _____ Date: _____