

NAME of MAIN Applicant :_

MEMBERSHIP REGISTRATION 2016-2017

Our membership year runs from September 1 through August 31. All memberships expire August 31 (unless paid through to the following year)

Circle one category: SINGLE \$20 FAMILY \$30

For Family Memberships, please include the first names of spouse/partner and children and year of birth. (Children must be 17 or under as of September 1, 2016 to qualify as a child). Please include other surname if different from main applicant.

| STREET & CITY: | LAST NAME | | First Name | middle initial(s) POSTAL CODE |
|------------------------------|--|-------------------|--|--|
| YEAR of BIRTH | HOME PHONE: | | CELL: | |
| • | ore in your email address please put i | | • | |
| • • | SIGNATURE (membership | | , | : |
| SIGNATURE: For Family Member | | | | |
| | use/Partner/Children | BIRTH Year | Connection to t (Judo, Karate, Lang | he Centre (if any) juage Class, etc.) |
| | | | | |
| | Co | entinue on ha | ick if there is not a | nough room for all family names. |
| PLEASE CHECK OF | F YOUR OUTLOOK NEWSLETTE | | | nough room for an family names. |
| English Only | Japanese Only D BOTH | ☐ Ema | il 🗖 Pick Up in Pe | erson Canada Post* |
| | t of postage and handling we will pick up the newsletter for them. | | | |
| | PEN TO ALL PEOPLE REGARDLE | | | · |
| Do not send cash | n in the mail! JCAM 180 Mo | :Phillips Stre | | ebit & Cash for membership. R3E 2J9 Voice: 204-774-5909 |
| YES I can voluntee | r to help the Centre! (special intere | st or expertise)_ | | |
| | D MAKE A DONATION IN THI 909 Fax: 204-775-6029 Em | | | \$ |
| Parents and/or guardians | with Federal and Provincial Privacy Gui provide similar understanding and acknow through various electronic means includin | wledgment for fa | mily members who are ui | nder 18 years of age. You also allow JCAM |
| OFFICE USE ONLY | : Payment \$: | Method: | Payr | nent Date: |
| | Verification | Rec | eipt # | |