

DECLARATION OF FAMILY MEMBER			
FULL NAME:			
PHONE NUMBER:		MEMBERSHIP #:	
ADDRESS:			
I have been a member for _____ years			
SIGNATURE:		DATE:	
CHECK LIST FOR OFFICE USE ONLY:			
1. <input type="checkbox"/> Proof of address attached for Country / International members only, OR <input type="checkbox"/> Not applicable			
2. <input type="checkbox"/> Attached Proof of Payment – via EFT or deposit			
<input type="checkbox"/> Attached Credit Card Instruction			
<input type="checkbox"/> Attached Debit Order Plan			
<input type="checkbox"/> To be paid on submission of application, in person (Cash, Cheque, Credit/Debit Card)			
<input type="checkbox"/> Other _____			
FOR OFFICIAL USE ONLY			
Approved by Membership Committee		DATE:	
Membership Chairperson Signature:			