



MEMBERSHIP APPLICATION FORM

Membership Year: _____

Renewing Membership? Yes _____

New Membership? Yes _____ (Please include completed membership form)

How did you find out about the club? _____

Currently a member in: CYA: Yes _____ No _____ / ASA: Yes _____ No _____

Member Name(s): (1) _____ (2) _____

Email(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone(s): (Res) _____ (Bus/Cell) _____ / _____

PAID: Cash \$ _____ / _____ Cheque \$ _____

This information is collected exclusively for the operations of FACS and will not be otherwise distributed or sold. However, it will be distributed to FACS members for communication purposes.