



Kawartha Antique Power

Membership Registration

Member's Information

Full Name: _____ Date of Birth: _____
Last First Initial YYY Y MM DD

Address: _____
Street Address Apartment/Unit #

City Prov. Postal Code

Phone: () _____ E-mail Address: _____

Is this a new membership?

Y	N
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Please circle either Yes or No. A new membership requires an initial fee of \$10.00 along with either dues for a single membership or a family membership.

A single membership currently costs \$15 per year and a family membership costs \$20

This is a single membership This is a family membership Please check either single or family.

If family membership please list all members (spouse, children under 19 years of age, grandchildren under 19 years of age)

Full Name: _____ Date of Birth: _____
Last First Initial YYY Y MM DD

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Last First Initial YYY Y MM DD

Full Name: _____ Date of Birth: _____
Last First Initial YYY Y MM DD

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Last First Initial YYY Y MM DD

Full Name: _____ Date of Birth: _____
Last First Initial YYY Y MM DD

Interests

Signature: _____ Date: _____

Office Use Only: Membership Card Numbers issued:	File card made up:	Receipt issued:
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Send registration to: Angela Longhurst, 53 Orchid Gardens, Newmarket, ON, L3Y 7M5 (905) 715-3969