VICTORIA 'Y' VOLKSSPORT CLUB

MEMBERSHIP APPLICATION

LAST NAME: _____ FIRST NAME: _____
Please print clearly

Family Members: **1. _____** **2. _____**

3. _____ **4. _____**

ADDRESS: _____

CITY: _____ **POSTAL CODE: _____**

PHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL: _____

On our membership list that is sent to all members - may we include: **All names** **Yes** **No**
*** We do not disclose email addresses.**

Phone number **Yes** **No**

FEES: **Single** - $10.00 _____ **Family** - $15.00 _____
(After October 1, membership carries through the following year)

Please make cheques payable to **Victoria 'Y' Volkssport Club**. Forms can be mailed or brought to your next walk.

Please return completed form with payment to:

Victoria 'Y' Volkssport Club
851 Broughton Street
Victoria BC V8W 1E5
Attn: Membership

SIGNATURE: _____ **DATE: _____**