

Port Arthur Curling & Athletic Club

2009/2010 Mixed Registration Form

PERSONAL INFORMATION

SKIP

NAME: _____ **NEW MEMBER? YES / NO**
ADDRESS: _____ **POSTAL CODE:** _____
HOME PHONE: (_____) _____ - _____ **BUSINESS PHONE:** (_____) _____ - _____
EMAIL ADDRESS (FOR CLUB USE ONLY): _____ **OFFICE USE:** PAID

THIRD

NAME: _____ **NEW MEMBER? YES / NO**
ADDRESS: _____ **POSTAL CODE:** _____
HOME PHONE: (_____) _____ - _____ **BUSINESS PHONE:** (_____) _____ - _____
EMAIL ADDRESS (FOR CLUB USE ONLY): _____ **OFFICE USE:** PAID

SECOND

NAME: _____ **NEW MEMBER? YES / NO**
ADDRESS: _____ **POSTAL CODE:** _____
HOME PHONE: (_____) _____ - _____ **BUSINESS PHONE:** (_____) _____ - _____
EMAIL ADDRESS (FOR CLUB USE ONLY): _____ **OFFICE USE:** PAID

LEAD

NAME: _____ **NEW MEMBER? YES / NO**
ADDRESS: _____ **POSTAL CODE:** _____
HOME PHONE: (_____) _____ - _____ **BUSINESS PHONE:** (_____) _____ - _____
EMAIL ADDRESS (FOR CLUB USE ONLY): _____ **OFFICE USE:** PAID

FIFTH (OPTIONAL)

NAME: _____ **NEW MEMBER? YES / NO**
ADDRESS: _____ **POSTAL CODE:** _____
HOME PHONE: (_____) _____ - _____ **BUSINESS PHONE:** (_____) _____ - _____
EMAIL ADDRESS (FOR CLUB USE ONLY): _____ **OFFICE USE:** PAID

PAYMENT

Mixed Dues: \$540.00 per team

Cash Cheque (payable to "Port Arthur Curling Club") VISA MasterCard

Payment in Full Down Payment of \$ _____

Please complete this form in as much detail as possible to assist in the registration process.

OFFICE USE ONLY

Received: _____

Amount Paid: _____

Membership No. _____

Date: _____