Name If for a partnership	, company or incorporated organization,	give correct name thereof.	D No., if known
Address			
City/Town		Province/State	Postal/Zip Code
Country			
Tel. No. ()	, ()	Fax No. ()
E-MAIL		WEBSITE:	
TYPE OF MEMBERSHIP _	Y	our DATE OF BIRTH	(Junior Members of Month Year
			Reg. #
			•••
I/We do hereby apply for n	nembership and do hereby agree to confo		
V	nembership and do hereby agree to confo	orm to the Constitution and By-Laws o	f the said organization.
Signature of Appl		orm to the Constitution and By-Laws o	f the said organization. erson authorized to vote
Signature of Appl	nembership and do hereby agree to confo icant or Person authorized to sign	errm to the Constitution and By-Laws o Signature of Pereception Signature Si	f the said organization. erson authorized to vote FEES
Signature of Appl	nembership and do hereby agree to confo icant or Person authorized to sign following NOT be published on th	erm to the Constitution and By-Laws o Signature of Pe e CLRC website:	f the said organization. erson authorized to vote
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