

TNTAO MEMBERSHIP APPLICATION FORM



MEMBER ADDRESS INFORMATION		
Name:		
Current address:		
Postal Code:	City:	
CONTACT INFORMATION		
Email Address:		
Facebook Account Name:		
Home Phone:	Cell Phone:	Business Phone:
COMMITTEES		
I am interested in the following committees:		
<input type="checkbox"/> Communication & Membership	<input type="checkbox"/> Events	
<input type="checkbox"/> Socio-Cultural	<input type="checkbox"/> Web-site	
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Children/Youth Programs	
<input type="checkbox"/> Financial	<input type="checkbox"/> Senior Programs	
CHILDREN IF MEMBERSHIP DESIRED (UNDER 12)		
Name:	Age:	Sex: <input type="checkbox"/> M or <input type="checkbox"/> F
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SIGNATURE		
Signature of Applicant:		Date:
MEMBERSHIP PAYMENT – <i>Office Use Only</i>		
Membership Fees:		
<input type="checkbox"/> \$15.00 CAD for Individual Membership		
<input type="checkbox"/> \$45.00 CAD for Family Membership (4)		
Fees for Year: 20____ to 20____	Payment Received: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Cheque	<i>Exemption:</i> <input type="checkbox"/>
Office Signature:		Date: