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OFFICE USE ONLY		
MSP #	Date	Receipt #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment Type	<input type="checkbox"/> Volunteer <input type="checkbox"/> Membership	
<input type="text"/>		

NEW MEMBERSHIP FORM - MEMBERSHIP FEE ONLY \$10.00

First Name

PLEASE PRINT CLEARLY

Last Name

Designation

Position

Birthdate

Minor

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City

Province

Postal Code

Home Ph

Cell Ph

Alternate Ph

Fax

Email

Emergency Contact Name

Emergency Contact Phone

Referring Member's Name

Special Training and Skills

Signature:

Date:

Member/Volunteer Since: