



2020

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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

If you are renewing your membership, we only need your name, phone, and email address.

Committee

Position

Birthdate

Minor

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

If anything else has changed, please update that too.

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: