



2020/21

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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

Committee	Position	Birthdate	<input type="checkbox"/> Minor
<input type="text"/>	<input type="text"/>	<input type="text"/> DAY <input type="text"/> MONTH <input type="text"/> YEAR	

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

If anything else has changed, please update that too.

Address

City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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: