

2024

OFFICE USE ONLY				
MSP#	Date		Receipt #	
Payment Type	■ Volunteer		er	
		Member	rship	

6050A - 176 Street, Surrey, BC V3S 4E7 • Phone: 604-576-9461 Fax: 604-576-0216 Email: info@cloverdalerodeo.com • Website: www.cloverdalerodeo.com

NEW MEMBERSHIP FORM - MEMBERSHIP FEE ONLY \$10.00

First Name PLE	ASE PRINT CLEA	ARLY		
			If you are renewing	
Last Name			your membership, we only need your name,	
			phone, and email address.	
Committee	Birthdate	Minor	If anything else has changed, please	
	DAY MONTH	YEAR	update that too.	
Address				
City		Province	Postal Code	
Home Ph	Cell Ph			
Alternate Ph	Fax			
Email				
Emergency Contact Name		Emergency Contact Pho	ne	
Referring Member's Name				
Special Training and Skills			1	
Signature:	Date:		Member/Volunteer Since:	