

Hamilton & District Aquarium Society



Membership Application Form

Please **CLEARLY PRINT** the information below.

Name: _____

Address: _____

City: _____ Prov: _____ P/C: _____

Phone: _____ Email: _____

Would You be interested in helping on a club committee? YES / NO

If YES which committee would you be interested in? _____

If you have checked yes a member of the executive will get in touch with you. This is your club and can only continue to function with the help and support of the membership.

Membership Types

(Please check off which membership (s) you are interested in)

Family (One Address): \$25.00

Single: \$20.00

Junior: \$12.00

Please Note: Children are not automatically members even though one or both parents are. They must have either a Junior membership or be part of a family membership. Membership fees along with this form may be mailed to the Membership Chair. Whose address can be found on page one of the Monthly Bulletin. More information about the club as well as mailing addresses and phone numbers can be found on the clubs website at: WWW.HDAS.CA

I the undersigned, hereby apply for membership in the Hamilton & District Aquarium Society and agree to abide by the conditions set out in and governed by, the Constitution and By-Laws.

Signed: _____ Dated: _____

HDAS USE ONLY

APPROVED: YES NO INITIALS: _____ DATE: _____