HCCA Southern Ontario Region

Dues Form - 2021

NAME:		SPOUSE:	LAST NAME:	
YOUTH		YEAR o	f BIRTH:	
ADDRES				
CITY	:	POST	AL :	
		A? Yes # requirement due to liability.	_	
Email:				
Phone:				
	Dues: \$10.00 yment of multi	ple years dues is accepte	d and will be so recore	ded.
Donatio	on to Youth Fund	: (Voluntary)		
Year	Make	Model	Body style	Serial

Make cheques payable to:

HCCA, Southern Ontario Region and send to:

Ray Hayhurst 23 Heyden Ave. Orillia, ON, L3V 0G5 (705) 327-3973 r.hayhurst@sympatico.ca