**Individual Membership Application**

****

**Personal Information**

|  |  |
| --- | --- |
| **First Name** | **Last Name** |
|  |  |
| **Date of Birth (YYYY-MM-DD)** | **Gender** |
|  |  |

**Contact Information**

|  |
| --- |
| **Street Address** |
|  |
| **Town** | **Province/Territory** | **Postal Code** |
|  |  |  |
| **Email** | **Phone** |
|  |  |

**By completing this application form, you consent to the CCTSF using this information for the purposes of contacting you with event information, and for administration purposes only. Your information will not be sold or shared. Completed forms and EFT can be sent to info@cctsf.ca.**