



BEGINNERS CLUB 2020 REGISTRATION FORM

First Name *

Last Name *

Address *

City *

Province *

Postal Code *

Phone *

Email Address *

\$25 Initiation Fee

Paid

Paid By

Cash Cheque Visa

MC Amex

For Office Use Only

Date Paid:

Signature (Type Name)

Terms and Conditions *

You consent to receive communications from us electronically. We will communicate with you by e-mail or phone. You agree that all agreements, notices, disclosures and other communications that we provide to you electronically satisfy any legal requirement that such communications be in writing.

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