Chester Curling Club
Membership Application Form 2011-2012

Name: _____

Address: _____

Town: _____ Postal Code: _____ Email: _____

Home Phone _____ Other Phone _____

Please indicate in which leagues you would like to participate:

☐	Day Curling Drop-in, Mon, Tue, Thu	Start time 9:30 am
☐	Tuesday : Cash Spiel	Start time 7:30 pm
☐	Wednesday : Ladies' League	Start time 7:30 pm
☐	Thursday : Men's League	Two draws Start time 7:00 and 9:00 pm
☐	Friday : Mixed League	Two draws Start time 7:00 and 9:00 pm
☐	Saturday : Drop-in	Start time 6:30 p.m.

Category of Membership		**Fee-** (Includes HST & Banquet)	**Amount**
Regular Member **PAID BY OCT 15**	☐	$240.00	
Regular Member **PAID AFTER OCT 15**	☐	$250.00	
Full time post-secondary student	☐	$125.00	
Social	☐	$20.00	
Locker	☐	$20.00	
		Total	

Payment by Cheque ☐ Cash ☐ **Payment due no later than October 31, 2011**

Privacy: By signing this application, I authorize the Chester Curling Club to maintain the personal information contained on the application form for purposes of the administration of the club. The Chester Curling Club may use the information, including e-mail, to send newsletters and to contact me regarding the operation of the Club.

_____ _____

Date Signature

☐ **I would be interested in helping my Club by volunteering. (Please complete other side)**

Please return to:
Membership Committee
Chester Curling Club
P.O. Box 457
Chester NS B0J1J0

Receipt Number:_____

For Membership Committee use – Locker number assigned: