



Comox-Strathcona Probud Club MEMBERSHIP APPLICATION FORM

Name _____

Address _____

Telephone _____ Email _____

PLEASE INITIAL THE APPROPRIATE RESPONSES:

_____ Publish my address, email address and telephone number in the club directory.

_____ Publish only my name in the club directory.

.....
_____ As a club member, I will not use or allow the use of the club membership list for personal gain, commercial, political or religious purposes.

Signature _____ Date _____

Probud is only as strong as the members' participation. Please check the area/s in which you may be able to help:

_____ Set up and take down for club meetings or club events

_____ Lead or assist with an activity (identify) _____

_____ Serve on the Management Committee

Membership fee: \$25

Please return this MEMBERSHIP APPLICATION FORM with your cheque for \$25 and a completed MEMBER WAIVER FORM to:

**CS Probud Club #190
Box 1471, Comox BC
V9M 8A2**

Option: If you'd prefer to pay by e-transfer, contact our Membership Coordinator. The contact link is on the Membership webpage.