

The PROBUS Club of Comox - Strathcona MEMBERSHIP APPLICATION

| ivanie | |
|---|---|
| Address | |
| Telephone | Email |
| PLEASE INITIA | L THE APPROPRIATE RESPONSES: |
| Publis | h my address, email address and telephone number in the club directory. |
| | h only my name in the club directory. |
| As a c | ub member, I will not use or allow the use of the club membership list for commercial, political or religious purposes. |
| Signature | Date |
| | |
| | r membership, subject to approval by the Management Committee, shall be a current member (Standard Constitution for PROBUS Clubs II-3). |
| sponsored by | |
| Sponsored by Name of Spon | as strong as the members' participation. Please check the area/s in which you |
| Name of Spon Probus is only may be able to | as strong as the members' participation. Please check the area/s in which you |
| Name of Spon Probus is only may be able to | as strong as the members' participation. Please check the area/s in which you help: |

Membership fees are currently \$25 annually, subject to change.

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

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