

The Blind River **BEAVERS**



**MEMBERSHIP APPLICATION
2018-2019**

I would like to request membership to The Blind River Beavers Jr. "A" Hockey Club for the upcoming 2018 – 2019 hockey season. I acknowledge that I will become a member of the Blind River Beavers Junior "A" Hockey Club for the 2018 – 2019 season and my membership and voting privileges will expire 7 (seven) days prior to the Annual General Meeting in 2019.

2018-2019 Membership Fee - \$ 5.00

Full Name

Mailing Address

City/Province Postal Code

Primary Telephone

Email Address

Signature

Date:

For Office Use Only:

Fee Paid: \$ 5.00	Date Rec'd:	Rec'd by:
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