

The Blind River **BEAVERS**
MEMBERSHIP APPLICATION
2019-2020



I would like to request membership to The Blind River Beavers Jr. "A" Hockey Club for the upcoming 2019 – 2020 hockey season. I acknowledge that I will become a member of the Blind River Beavers Junior "A" Hockey Club for the 2019 – 2020 season and my membership and voting privileges will expire 7 (seven) days prior to the Annual General Meeting in 2020.

2019 – 2020 Membership Fee: \$ 5.00

FULL NAME

MAILING ADDRESS

CITY

PROVINCE

POSTAL CODE

PRIMARY TELEPHONE

EMAIL ADDRESS

SIGNATURE

DATE

Note: Signature is required to be a valid application.

FOR OFFICE USE ONLY:		
Fee Paid: \$5.00	Date Received:	Received By:

MAILING ADDRESS:

110 Indian Avenue, P.O. Box 489, Blind River, ON P0R1B0

TELEPHONE:

705-356-5073