

Last Name:		First Name:			
Address:					
Postal Code:			Telephone:		
Email Address:					
What is your age group?	Under 18 <input type="checkbox"/>	18 – 24 <input type="checkbox"/>	25 – 54 <input type="checkbox"/>	55 – 79 <input type="checkbox"/>	80 and over <input type="checkbox"/>

I approve the use of this personal info for club purposes

Membership Fees: Please tick your choice:

<input type="checkbox"/>	Account #			E-Transfer payment to memregnvlbc@gmail.com.
<input type="checkbox"/>	4105	Full Member	\$150.	Or Please make cheque out to NVLBC and mail this <u>completed</u> form by May 1st: Mail cheque to: Treasurer NVLBC, PO Box 37016 Lonsdale PO North Vancouver, BC V7M 4M4
<input type="checkbox"/>	4110	Associate/Social Member	\$0.	
<input type="checkbox"/>	4115	Junior Member	\$40.	
<input type="checkbox"/>	4150	New Member coaching only	\$30.	
<input type="checkbox"/>	4105	New Member after coaching	\$120.	
<input type="checkbox"/>	-----	Life Member	\$0.	

Your payment method: **E-Transfer** **Cheque**

Email registration questions to the club secretary at secretarynvlbc@gmail.com or club treasurer at treasurernvlbc@gmail.com.

Volunteering: We are a non-profit club and rely on volunteers in order to keep our costs down. If you are able to volunteer, in what activity would you like to participate? Examples: games & competitions, greens, grounds, kitchen, maintenance, refreshments, Board of Directors -

Are you certified or have a designation in one of the following and willing to volunteer?

First Aid <input type="checkbox"/>	Food Safe <input type="checkbox"/>	Serve It Right <input type="checkbox"/>	Acct/Bookkeeping <input type="checkbox"/>	Info Technology <input type="checkbox"/>
Legal <input type="checkbox"/>	Medical <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

Emergency Contact Information: Please note that each member's info will be detached from this form and used in an emergency only.

2021 MEMBER'S NAME:			
		<i>Last</i>	<i>First</i>
Emergency Contact Person:			
Name:			
Telephone Number:		<i>Home:</i>	<i>Cell:</i>
Address:			
Relationship:			
Existing health concerns:	Diabetes	Heart	Allergy
			Other