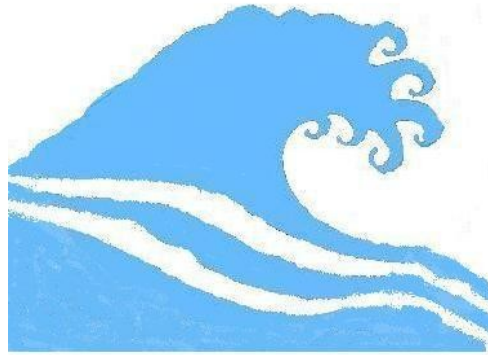


South

Cariboo

Aquatic

Society



**Member Name:** \_\_\_\_\_  
Last First Initial

**Address:**  
Civic: \_\_\_\_\_  
House # or Apt.# Street or Road  
\_\_\_\_\_ Town or Area Postal code

**Mailing:**  
If different from civic \_\_\_\_\_  
Comp or PO Box Street or Road  
\_\_\_\_\_ Town or Area Postal code

**Phone Number:** \_\_\_\_\_  
Home Work  
\_\_\_\_\_ Mobile or Cell Fax

**Email Address:** \_\_\_\_\_

**Preferred Method of Correspondence:** Mail   
Phone   
Email

**Receipt #** \_\_\_\_\_  1-Year for \$10  3-Years \$25  
*Check the appropriate box above indicating # of years membership paid for*

**Date of Membership Expiry** \_\_\_\_\_ (dues payable on this date)