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WWW

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MEMBERSHIP FORM

☐ Single

☐ Family

☐ Senior Couple

☐ Widow

Full Name: _____

Spouse Name: _____

Address: _____

Date of Birth: _____ Email address: _____

Mobile No: _____ Landline No: _____

Family Members

Relationship

I hereby certify that the above information is true and correct.

Name and Signature

☐ Single -1 year \$15, 2 years \$20

☐ Family-1 year \$30, 2 years \$40

☐ Senior/Widow-\$5

****Senior over 75 years old – Free***

**** Children under the age of 17 years old are considered dependent***

****Newcomers and full-time students- free membership for the first year***