THE PROBUS CLUB OF BURLINGTON LAKESHORE

www.burlingtonlakeshoreprobus.org

APPLICATION FOR MEMBERSHIP

Date:			Membership #	
Sumama and initals.				LEAVE BLANK
Surname and initals:				
Preferred name on badge:			Spouse/Partner's Name	:
Address:				
City:			Postal Code:	
Phone:		Email Address:		
Former Vocation/occupation:				
Hobbies or interests:				
Applicant's Signature:				
Applicant's Sponsor:	Signature:			
	NEW MEMB	ER PRORATED FE	E SCHEDULE	
Month of APP:	Oct/Nov/Dec	Jan/Feb/Mar	Apr/May/June	Jul/Aug/Sept
AMOUNT OF DUES	\$50.00	\$40.00	\$30.00	\$20.00
Initiation fee (one time)	\$25.00	\$25.00	\$25.00	\$25.00
TOTAL	\$75.00	\$65.00	\$55.00	\$45.00
Note: Annual dues are payable Payment can be made by chequ Treasurer, Ken Snider at 616 A or by e-Transfer to: paymentsp Please mail, email or hand	ue payable to "Tl ndrea Court, Bur probuslakeshore(lington, ON L7R 4 @gmail.com or by	IJ7 / debit at a meeting	re <i>,</i>
Gary Kirkwood		ore Blvd. East		
Membership gmgak@outlook.com		On. L7T 1W4 7-5475		
<u>angan@outioon.com</u>	505 57	, ,,,,		
Applicants are	e also asked to si (maximum o		onal biography of th	iemselves
App & Fee received date:				B
App & I CC I CCIVCU uutc.	Mgmt Co	omm. Approval da	ate:	Presentation date: