

CHARLESWOOD CURLING CLUB
2011-2012
MEMBERSHIP APPLICATION FORM

Returning Member: New Member:

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email: _____

I would you be interested in receiving information email and/or volunteer opportunities from the Charleswood Curling Club

League: Please check the league(s) you are registered in and indicate skip's name:

Men – Monday Tuesday Wednesday Thursday

Ladies – Monday Wednesday

Daytime Ladies Daytime Seniors

Masters – Tuesday Thursday

Friday Mixed Saturday Mixed Sunday Mixed

Junior Program – Little Rocks Bantam Intermediate Junior

Optional Information – For club use only

Age Range:

17 and Under 18-20 21-44 45-49 50-54 55-59 over 60

Occupation or Field of Expertise: _____

Level of Interest in Club Activities or Operations (please indicate all that apply):

Advertising: _____ (Ice Area / Club Rooms / Lounge)

Board / Executive Volunteer: _____ Availability: _____

Work Committee Volunteer: _____ Availability: _____

Shareholder Number (if applicable): _____ 2011-2012 Fee's Collected (\$): _____