

# Membership Application Form

*(Data entered into this form can be saved & printed)*



Please select one of the following membership categories:

- Ordinary       Country       Privileged       Re-Instatement  
 Non-Resident       Associate\*\*

Candidates Name in Full: \_\_\_\_\_ Candidates Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Occupation or Profession: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

\*\* If Associate Application, Primary Member Account #: \_\_\_\_\_ Bill to this account?  Yes  No

Please send my member statement each month by:  Email  Canada Post

Please send to:  Home  Office

Proposer (please print): \_\_\_\_\_

Secunder (please print): \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

*Please submit completed form to Kim Iwamoto, kim@ranchmensclub.com.*