

#### **Gage Curling Club Membership Form**

55 Fraser Ave, Oromocto

Completed Forms can be sent to: **Noseworthy.ben@cfmws.com**

Pro-shop 357-9343

##### First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which Category of Member are you? (Circle) Regular Ordinary Associate

**Are you a new member to the Gage? Yes\_\_\_ No\_\_\_** (If you answered Yes please fill out the information below non-member for minimum 2 years)

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Couple’s Membership: Spouse information:**

**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership #\_\_\_\_\_\_\_\_**

##### E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Junior Program (JP) /Junior Competitive/** **Little Rocks (LR) /Junior Competitive League (JL)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type**  **(JP/JC/JL/ LR)** | **First Name** | **Last Name** | **Date of Birth** | **Membership #** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Parent/Guardian Contact Information**:

**If same as membership information above please check this Box If not a member of the club please complete below:**

##### First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Membership Categories*** – Please check applicable box(es).

Single League  Multi-League  Junior League/Program  Stick League 

**Regular-** Members of the Regular Forces and their families; Members of the Reserve Forces and their Families; formers members and their family; foreign military personnel on duty with the CF and their families

**Ordinary**- DND Public Service employees /full time contractors (for the period of their contract) and their families; former DND Public Service employees receiving a pension for DND services, and their families; Staff of NPF,CF and their full time contractors (for the period of their contract)and their families; former Staff of NPF,CF receiving a pension for NPF services and their families; serving members of the RCMP and their families; members of the Canadian Corps of Commissionaires, or other security force when employed at CF location,

and their families; and staff of the C/MFRC and their families

**Locker Rental: Locker number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment options listed below are available to all members of the Club**

**Payment Options (Plse check one)**

* Payment in full by cash, cheque, debit, M/C, Visa or Amex.
* Monthly payments by pre authorized debit (PAD) (void cheques required) or credit card.
* Monthly payroll deduction for Reg Force Military and full or permanent part time NPF personnel

Refund Policy

All refunds are subject to the approval of the Club Manager. Refunds will be assessed on an individual basis.

A doctor’s certificate, posting message or other legitimate document will be required upon application for the refund. The effective date of the refund will be the request date.

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|  |  |
| --- | --- |
| FOR OFFICE USE ONLY | |
|  |  |
| MEMBERSHIP |  |
| LOCKER |  |
|  |  |
| TOTAL |  |

**I have read and understand the Gage Golf and Curling Club refund policy and all information provided on this application is correct to my knowledge. As a member of the Gage Golf and Curling Association, I agree to abide by all the Rules and Regulations governing membership in the Association. Failure to do so may result in my membership being terminated without a rebate of your membership fees.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk # and initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please ensure that you sign up in your respective league on the sign-up sheets located on the bulletin boards across from the washrooms***