



OZCF Membership Form

4244 Taffey Crescent
Mississauga, Ontario L5L 2J2
<http://www.ozcf.com>

Membership: New: _____ Renewal: _____

Family: _____ Single: _____ Senior: _____ Student: _____

Last Name: _____

First Name: _____ Spouse's Name: _____

Mailing Address: _____ Apt: _____

City: _____ Prov/State: _____ Postal Code: _____

Tel: (____) _____ E-mail Address: _____

Dependants: (Children under age 18)

1) Name: _____ Age: _____ 3) Name: _____ Age: _____

2) Name: _____ Age: _____ 4) Name: _____ Age: _____

Annual Membership Fee: (Jan. 1 – Dec.31)

Family (Couple & their children under 18): \$50 _____

Seniors (Per person, age 65 & above): \$15 _____

Single (Per person): \$30 _____

Student (Full Time Only, age 18-25): \$10 _____

Donation: One Time: \$ _____, or **Pledge:** \$ _____ Per: _____

Payment: Cash: \$ _____, Cheque: \$ _____, or Credit Card (Paid via website) \$ _____

I (We) would like to receive the Vision Newsletter by: Post: _____ and/or E-mail: _____

I (We) select OZCF as our Prime Member Group for FEZANA membership: Y _____ N _____

Suggestions or Comments:

Signature: _____

Date: _____