|  |  |  |  |  |
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|  | | **MEMBERSHIP FORM**   January 01 to December 31, 2022 | | |
|  | |  | | |
| **Membership Application:** | | * New | * Renewal | |
| **Membership Category / Fees** | | | | |
| * **Youth** | * **Single** | * **Seniors** | | * **Family** |
| Individuals of age 19 to  24 years | Individuals of age 25 and below 64 years | Individuals of age 65 years and above | | Includes spouses/partners & children up to age 18 years |
| **$40** | **$100** | **$50** | | **$150** |

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Province: \_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone: (\_\_\_\_\_\_\_\_) - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ | Cell Phone: (\_\_\_\_\_\_\_\_) - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Receive OZCF text messages (Y / N) | |

**DEPENDANT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age | \_\_\_\_\_\_\_ |
| 2. | Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age | \_\_\_\_\_\_\_ |
| 3. | Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age | \_\_\_\_\_\_\_ |
| 4. | Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age | \_\_\_\_\_\_\_ |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| * I (We) select OZCF as our Prime Membership Group for FEZANA membership | |
| * I (We) would like to receive the VISION Newsletter by post | |
| * I (We) would like to provide Donation. One time: $\_\_\_\_\_\_\_\_\_\_\_ or ongoing $\_\_\_\_\_\_\_\_\_\_ per: \_\_\_\_\_\_\_\_\_\_ | |
| * I (We) are interested in volunteering with OZCF | |
| **Total Enclosed: Cash: $\_\_\_\_\_\_\_\_\_\_ Cheque: \_\_\_\_\_\_\_\_\_\_ or Credit Card (paid via website): $\_\_\_\_\_\_\_\_\_\_ I have reviewed the OZCF By-laws available on the OZCF website** [**www.ozcf.com**](http://www.ozcf.com)**, and agree to abide by them. By signing this form I give consent to OZCF to contact me by email / phone for announcements and requests.** | |
|  |  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |