

SECTION A (Member Information)

MEMBER 1 Please check one: **New Membership** or **Renewal**

Membership Type: SINGLE \$30.00 FAMILY \$50.00 **(Please complete section B)**

Note: All family members must live at same address

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____ POSTAL CODE: _____

PHONE NUMBER: _____ - _____ - _____ EMAIL: _____

GENDER: M F Do you wish to Volunteer? YES (please complete a VOLUNTEER FORM) NO CT Membership _____

SECTION B (for Family Memberships only)

FAMILY MEMBER 2

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ - _____ - _____ EMAIL: _____ D.O.B. ____/____/____

GENDER: M F Do you wish to Volunteer? YES (please complete a VOLUNTEER FORM) NO CT Membership _____

FAMILY MEMBER 3

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ - _____ - _____ EMAIL: _____ D.O.B. ____/____/____

GENDER: M F Do you wish to Volunteer? YES (please complete a VOLUNTEER FORM) NO CT Membership _____

FAMILY MEMBER 4

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ - _____ - _____ EMAIL: _____ D.O.B. ____/____/____

GENDER: M F Do you wish to Volunteer? YES (please complete a VOLUNTEER FORM) NO CT Membership _____

FAMILY MEMBER 5

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ - _____ - _____ EMAIL: _____ D.O.B. ____/____/____

GENDER: M F Do you wish to Volunteer? YES (please complete a VOLUNTEER FORM) NO CT Membership _____

Renew now:

SUBMIT ONLINE or, **PRINT NOW**

*online submission may not work in all browsers

**Mail or drop off payment during Open Shop hours at:
Cycle Transitions, 739 D'Arcy St. Cobourg, ON K9A 4B4
Please make cheque payable to Cycle Transitions**

Section C: (Administration only)

MEMBERSHIP DATE: ____/____/____
month day year

PAID: CASH CHEQUE SUBSIDIZED

Payment Received: Yes / No Date Entered ____/____/____
month day year

Initial: _____