



Building 17 (Northam Industrial Park),
740 Division St., Cobourg K9A 4W4
289-251-8895

MEMBERSHIP FORM

SECTION A (Member Information)

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

Membership Type: SINGLE \$35 FAMILY \$55 (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)—Note: Family members must reside at the same address

FAMILY MEMBER 2

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ - _____ - _____ EMAIL: _____

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: _____

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: _____

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: _____

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

**PAYMENT METHODS: E-transfer: to membership@cycletransitions.org
Mail: Cycle Transitions, Bldg. 17, 740 Division St., Cobourg, ON K9A 4W4
In-person: during shop hours 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: _____