



MEMBERSHIP FORM

January 01 to December 31, 2017

Membership Application: New Renewal

Membership Category / Fees

<input type="checkbox"/> Youth	<input type="checkbox"/> Single	<input type="checkbox"/> Seniors	<input type="checkbox"/> Family
Individuals of age 19 to 24 years	Individuals of age 25 and below 65 years	Individuals of age 65 years and above	Includes 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: _____

DEPENDANT INFORMATION

1. First Name _____ Last Name _____ Age _____
2. First Name _____ Last Name _____ Age _____
3. First Name _____ Last Name _____ Age _____
4. First Name _____ Last Name _____ Age _____

ADDITIONAL INFORMATION

- I (We) select OZCF as our Prime Membership Group for FEZANA membership
- I (We) do not require the VISION Newsletter by post. *(you must include your email address above)*
- 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, 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: _____