|  |  |
| --- | --- |
|  | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |