



# MEMBERSHIP FORM

January 01 to December 31, 2024

Membership Application: ☐ New ☐ Renewal

## Membership Category / Fees

<input type="checkbox"/> <b>Youth</b> Individuals of age 23 to 26 years	<input type="checkbox"/> <b>Single</b> Individuals of age 27 to 64 years	<input type="checkbox"/> <b>Seniors</b> Individuals of age 65 years to age 89 (age 90+=free)	<input type="checkbox"/> <b>Family</b> Includes spouses/partners & children up to age 22 years
<b>\$50</b>	<b>\$100</b>	<b>\$50</b>	<b>\$175</b>

## 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: \_\_\_\_\_