

APPLICATION FOR SUSTAINING MEMBERSHIP

SURNAME: _____ **GIVEN NAMES:** _____

SOCIAL INSURANCE NUMBER: _____ **DATE OF BIRTH:** _____

MEMBER NUMBER: _____ **PILOT'S LICENCE NUMBER:** _____

HOME PHONE: _____ **WORK NUMBER:** _____

CELLULAR PHONE: _____ **FAX NUMBER:** _____

SPOUSE'S NAME: _____ **WORK NUMBER:** _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____

POSTAL CODE: _____ **COUNTRY:** _____

APPLICANT SIGNATURE

DATE OF APPLICATION

SPONSOR NAME

SPONSOR NAME

ANNUAL SUSTAINING MEMBERSHIP DUES OF \$75.00 (Plus GST) TO ACCOMPANY APPLICATION.

APPROVED BY THE BOARD _____, 20 ____.

CHAIRMAN SIGNATURE