



## ISK Membership Form

Full Name: \_\_\_\_\_ email: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Were you a paid member prior to this year? Yes  No**

**Live-in Parents:**

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

**Children Information (list dependent children who are 16 year old or older):**

	Full Name	Date of birth (yyyy-mm-dd)	email
1.			
2.			
3.			
4.			
5.			

**Membership Fee (circle the appropriate one):**

Individual membership: \$50.00 X \_\_\_\_\_ = \$\_\_\_\_\_

Family membership: \$ 200.00

Donation: \$\_\_\_\_\_

Total amount paid \$\_\_\_\_\_ Cheque Cash

Signature: \_\_\_\_\_ Date: \_\_\_\_\_