



PRATOLA PELIGNA CLUB OF HAMILTON

MEMBERSHIP REGISTRATION

Has any Information changed from last Year? Yes No If No Fill only Last Name and First Name

Last name First Name Date of Birth Month Day Year

Address City Postal Code

Phone No. Cell No. Email

Spouse Name Date of Birth Month Day Year

Dependant Name M/F Date of Birth Month Day Year

Dependant Name M/F Date of Birth Month Day Year

Dependant Name M/F Date of Birth Month Day Year

Member's Signature

Office Use only

Registration Fee Paid Registration Date Month Day Year Membership Type Family \$50.00 Single \$25.00 Pensioner \$25.00 Cash Cheque Cheque No

PRATOLA PELIGNA CLUB OF HAMILTON MEMBERSHIP REGISTRATION RECEIPT

Last name First Name

Paid Membership Fee for the Amount of \$

Date Membership Year

Official Signature