

# The Blind River **BEAVERS**



## MEMBERSHIP APPLICATION

I would like to request membership to The Blind River Beavers Jr. "A" Hockey Club for the upcoming 2017 – 2018 hockey season.

I acknowledge that I will become a member of the Blind River Beavers Junior "A" Hockey Club for the 2017 – 2018 season and my membership and voting privileges will expire 7 (seven) day prior to the Annual General Meeting in 2018.

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Full Name

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Mailing Address

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City/Prov/Postal Code

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Primary Telephone

Email address

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Signature

Date

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FOR OFFICE USE ONLY:

<b>FEE PAID:</b>	<b>Date Rec'd:</b>	<b>Rec'd by:</b>
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