



Enrollment/renewal information

NAME: _____

ADDRESS: _____

(Complete address including street or box no., city and postal code)

TELEPHONE NO : _____ unlisted
Please indicate if the number is unlisted or if you do not want it to appear on lists available to members.

EMAIL ADDRESS : _____



PLEASE CHECK ONE OF THE CHOICES BELOW

A) Single Membership @ \$15/year/person Renewal New

B) Family Membership @ \$25/year/household Renewal New
(Must be 16 years or older)



METHOD OF PAYMENT:

CASH _____

CHEQUE _____

PLEASE MAKE CHEQUE PAYABLE TO:

**FORT SASKATCHEWAN MOTORCYCLE ASSOCIATION
BOX 3111
FORT SASKATCHEWAN, AB T8L 2T1**