



Application for Membership

ALMONTE

Junior Civitan Club

NAME: _____ AGE: _____
ADDRESS: _____ GRADE: _____
CITY: _____ PROV: _____ POSTAL CODE: _____
TELEPHONE NUMBER: _____
EMAIL: _____
PARENT'S NAME: _____
BIRTHDAY: (dd/mm/yr) _____

I hereby request membership in the Almonte Junior Civitan Club. I agree to abide by the international district and club constitutions, bylaws and policies and the Code of Conduct as established by Lanark County.

MEMBER SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____