



**ALMONTE JUNIOR CIVITAN CLUB**  
**500 Almonte Street, Almonte, ON**  
**K0A 1A0**  
**(613) 256-6234**  
**e-mail: [juniorcivitan@almontecivitan.com](mailto:juniorcivitan@almontecivitan.com)**

## Application for Membership

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

APPLICANT'S DATE OF BIRTH: \_\_\_\_\_

APPLICANT TELEPHONE/CELL NUMBER: \_\_\_\_\_

APPLICANT EMAIL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S TELEPHONE/CELL NUMBER: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

I hereby request membership in the Almonte Junior Civitan Club. I agree to abide by the International, District and Club constitutions, bylaws and policies.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_