

The Montréal Branch of the Royal Scottish Country Dance Society

2016-2017 Membership Application

**** PLEASE COMPLETE BOTH SIDES ****

A. APPLICATION FOR FIRST MEMBER OF HOUSEHOLD

Name: (Last) _____ (First) _____

Address: _____

City: _____

Province/State: _____ Postal code: _____

Phone: Home (_____) _____ Work (_____) _____

Email: _____

Which is your primary class? _____

Newsletter, Bulletins: *please indicate your preferred form of delivery:*

_____ e-mail _____ in class _____ hardcopy, by mail (\$6 surcharge)

Volunteers are needed to help us function - are you willing to help? _____

Which specific task(s) you are willing to help with? _____

B. APPLICATION FOR SECOND PERSON AT SAME ADDRESS

Name: (Last) _____ (First) _____

Phone: Home (_____) _____ Work (_____) _____

Email: _____

Which is your primary class? _____

Volunteers are needed to help us function - are you willing to help? _____

Which specific task(s) you are willing to help with? _____

Note: Only one paper newsletter or RSCDS publication will be received per household.

C. PAYMENT INFORMATION

Annual Membership Subscription Please check all the appropriate categories:

_____ Member A: **\$45.00** for RSCDS & Montreal Branch membership

_____ Member B at same address: **\$40.00** for RSCDS & Montreal Branch membership

_____ Life Member **\$10.00** Montreal Branch membership for RSCDS life members

_____ Associate Member **\$10.00** for membership in Montreal Branch, only available to current members of the RSCDS through another Branch

_____ Newsletter subscription **\$10.00** for non-active/non-local dancers to receive newsletter only

_____ **\$6** additional fee to receive printed newsletter by post

Total enclosed (in Canadian funds): _____

(cash, money order or cheque payable to RSCDS Montreal Branch)

Please COMPLETE SIDE 2 and give this form with your payment as above to your class contact or mail to: Jodie Hebert, 4435 Coronation Ave, Montreal QC H4B 2C3

Email: johanne.hebert@mcgill.ca

Deadline: October 31, 2016

Name(s) Member A: _____

Member B: _____

I understand that the RSCDS Montreal Branch assumes no liability for personal loss or injury:

Signature Member A

_____ Date _____

Signature Member B

_____ Date _____

In case of **emergency**, please give name and telephone number of person to contact:

Name: _____

Telephone number: _____

FOR USE OF MEMBERSHIP SECRETARY:

Names :

Member A _____

Member B _____

Date received _____

Amount received _____

Membership card numbers assigned A _____ B _____