

The Montréal Branch of the Royal Scottish Country Dance Society

2018-2019 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?

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? _____

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

Volunteers are needed to help us function – are you willing to help?

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

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)

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Please COMPLETE BOTH SIDES of form and give 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, 2018

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 _____

RSCDS Membership numbers assigned A _____ B _____

Cards given out to A _____ B _____