

Auto Hobby Club Membership Application

17 Wing Det Dundurn

Member Name: _____ Rank () SEC _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: (Cell) _____ (W) _____

Email: _____ check here if **NO** access to email

Vehicle Make/Model: _____ License Plate Number: _____

Spouse/Partner: _____

Interest Areas: _____

Emergency Information:

Contact Person: _____ Relationship: _____

Contact Phone #s: _____

WAIVER (to be completed by all members)

I/we, the undersigned, wish to enter the Defense Establishment at Canadian Forces Detachment Dundurn Saskatchewan, from today's date to the expiry date of my membership for the purpose of carrying out activities by the club. I understand that there are hidden dangers on the aforementioned Defense Establishment, including unexploded ammunition and explosives.

In return for being granted access to the aforementioned Defense Establishment, I/we undertake not to make any claim against Her Majesty the Queen in Right of Canada or any of her servants or agents for any injury that I/we may sustain or any damage to any property that I/we take into the Defense Establishment.

Signed this _____ day of _____, 20____.

Signature: _____

Print Name: _____

MEMBERSHIP TYPE & FEES Individual: \$ _____
TOTAL FEES \$ _____

FEES:
Individual: \$10.00 Monthly



CLUB USE ONLY

Paid By:	<input type="checkbox"/> Cheque/Cash	<input type="checkbox"/> Debit/Credit	<input type="checkbox"/> Mill Pay	Receipt # _____
<input type="checkbox"/> Waivers	<input type="checkbox"/> Constitution	<input type="checkbox"/> Walk Through	<input type="checkbox"/> Card	Club Signature: _____
<input type="checkbox"/> Key List				PSP Signature: _____