

**The Royal Scottish Country Dance Society, Montreal Branch
Membership Application, 2007-2008**

If you are applying for more than one membership at the same address please complete sections A and B. Membership materials and regular copies of "The Montreal Dancer" will be sent only to the first member. Please complete payment information on the back of the form.

A. APPLICATION FOR FIRST MEMBER

- New member Renewing membership
 Contact information same as last year (*if different, please indicate changes only*)

Name: (Last) _____ (First) _____

Address: _____

City: _____ **Province/State:** _____ **Postal code:** _____

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

E-mail: _____

- Publish e-mail on Membership list; or Use e-mail for administrative purposes only

Which is your primary class? _____ **Night?** _____

Newsletter, Bulletins:

For newsletter delivery and for special announcements, Society Bulletins, etc., for all, please indicate whether we should deliver:

- By e-mail To class contact By mail

Please help us to save costs by taking delivery at class or by e-mail, if possible.

Please indicate if you are currently certified in:

_____ **First Aid** _____ **CPR** _____ **Other medical training**

Please indicate if you have any special medical needs:

B. APPLICATION FOR SECOND PERSON AT SAME ADDRESS

- New member Renewing membership Contact info unchanged

Name: (Last) _____ (First) _____

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

E-mail: _____

- Publish e-mail on Membership list; or Use e-mail for administrative purposes only

B (2nd member at same address) *continued*:

Which is your primary class? _____ Night? _____

Please indicate if you are currently certified in:

_____ First Aid _____ CPR _____ Other medical training

Please indicate if you have any special medical needs:

C. PAYMENT INFORMATION

Membership Subscription (Annual) Please circle appropriate category(ies):

- 1st Family Member: \$33.00 CDN
- Additional Family Member: \$28.00 CDN
- Life/ Auxilliary Member: \$11.50 CDN

*for life members at RSCDS HQ in Edinburgh &/or
full auxillary RSCDS members through another
branch (please indicate which Branch)*

Total enclosed: \$ _____ (either cash, or cheque made payable to the RSCDS Montreal Branch)

US members, please remit in Canadian funds by money order or cheque.

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

Date: _____ **Signature** _____ (member A)

Date: _____ **Signature** _____ (member B)

Please give form to your class contact or mail to:

Abigail MacLean
PO Box 883
Cornwall, ON
K6H 5T7

Tel. 613-931-1105 or
514-426-1523

Reminder: Don't send cash in the mail! Make cheques payable to "RSCDS Montreal Branch"

For use by membership secretary: Date received _____ Amt. _____ cash/cheque

Membership #s assigned: 1) _____ 2) _____ New / renewal

Materials sent out: ___ Bulletin ___ Dance book ___ Ticket for 2nd book ___ By-laws ___ Constitution

Sent by: ___ Mail ___ Class contact Date _____