

**The Montreal Branch of the Royal Scottish Country Dance Society
Membership Application, 2009-2010**

**** 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? _____ Night? _____

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

e-mail hardcopy, by mail (\$5 surcharge)

Is the First Member willing to volunteer in any aspect of the organization in 09-10? _____

Do you wish to specify? _____

B. APPLICATION FOR SECOND PERSON AT SAME ADDRESS

Name: (Last) _____ (First) _____

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

E-mail: _____

Which is your primary class? _____ Night? _____

Is the Second Member willing to volunteer in any aspect of the organization? _____

Do you wish to specify? _____

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

C. PAYMENT INFORMATION

Annual Membership Subscription Please write A (or B) beside appropriate category(ies):

- _____ Member A: **\$40.00** for RSCDS & Montreal Branch membership
- _____ Member B at same address: **\$35.00** for RSCDS & Montreal Branch membership
- _____ Life Member **\$11.50** Montreal Branch membership for RSCDS life members
- _____ Associate Member **\$11.50** for membership in Montreal Branch only, receive newsletter
- _____ **\$5** 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, to class contact or mail to:

Sara Lawson, 11163 Grisdale Blvd, Iroquois, ON K0E 1K0 (Tel. 613 652 4010 /

Email skgl@sympatico.ca

Deadline: **October 31, 2010**

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

FOR USE OF MEMBERSHIP SECRETARY:

Names : Member A _____

Member B _____

Date received _____

Amount received _____

Membership card numbers assigned A _____ B _____