



GERMAN CANADIAN CLUB - SAXONIA HALL

Application for Membership

(Please Print)

Date: _____

Full Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Occupation: _____

Spouse's Name & Date of Birth: _____

Children(s) Name & Date of Birth: _____

Reference: _____

Approved by the Board of Directors on _____

The membership fee is \$ _____ per year.

I will comply with the regulations of the German Canadian Club as in force or as amended by the Board of Directors.

Date: _____ **Signature of Applicant:** _____