

Membership Form

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FOR OFFICE USE ONLY		CATEGORY:	NUMBER:	DATE JOINED:
LAST NAME: (PLEASE PRINT NEATLY)			FIRST NAME	
HOME ADDRESS	STREET	APT.	CITY	POSTAL CODE
HOME TELEPHONE	FAX	EMAIL		
DATE OF BIRTH (M/D/Y)			MAIL SHOULD BE SENT TO: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE	
CORRESPONDENCE: <input type="checkbox"/> FRENCH <input type="checkbox"/> ENGLISH			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EMPLOYER			YOUR TITLE	
OFFICE ADDRESS			POSTAL CODE	
OFFICE TELEPHONE	FAX	EMAIL		

FOR A FAMILY MEMBERSHIP

NAME OF SPOUSE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (M/D/Y)	
EMPLOYER			TITLE	
ADDRESS			POSTAL CODE	
OFFICE TELEPHONE	FAX	EMAIL		
CHILDREN (UNDER 18 YEARS)		DATE OF BIRTH (M/D/Y)	M	F
NAME	FIRST	DATE OF BIRTH (M/D/Y)	M	F
NAME	FIRST	DATE OF BIRTH (M/D/Y)	M	F

WHAT ARE YOUR PREFERRED ACTIVITIES IN THE CLUB?

HOW DID YOU HEAR ABOUT CLUB SPORTIF MAA?

FOR OFFICE USE ONLY		MEMBERSHIP FEES:	(GST/PST NOT INCLUDED)
METHOD OF PAYMENT: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DINER'S CLUB <input type="checkbox"/> CHEQUE		COURT FEES	
CARD NUMBER: _____		<input type="checkbox"/> SQUASH	<input type="checkbox"/> CARD
EXPIRY DATE: _____	NUMBER OF INSTALLMENTS <input type="checkbox"/> 1 <input type="checkbox"/> 12	<input type="checkbox"/> BADMINTON	<input type="checkbox"/> COMPUTER
WOULD YOU LIKE A LOCKER? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> HANDBALL	<input type="checkbox"/> FITNESS EVAL.
FEE: _____ (GST/PST NOT INCLUDED) LOCKER # _____		<input type="checkbox"/> RACQUETBALL	<input type="checkbox"/> BILLING
		<input type="checkbox"/> COMBINED	

All memberships are based on a 12-month term. Should a member cancel from Club Sportif MAA before the annual installments have been paid, the outstanding balance will be charged in full. Monthly installments continue to be charged after the one-year term unless membership is terminated in writing.

I agree to abide by the Rules and Regulations of Club Sportif MAA, and I authorize the transfer of all charges incurred by me or in my name at Club Sportif MAA to the credit card number provided.

MEMBER'S SIGNATURE

DATE

EMPLOYEE'S INITIALS