## **Ceevacs Membership Form 2024**

## Instructions:

- 1. Select either Individual or Family Membership
- 2. For each family member you will need a separate page of registration information
- 3. When complete, please scan/email completed #d pages to <u>membership@ceevacs.com</u> and provide an etransfer to <u>ceevacsdeposits@gmail.com</u>.

## O 2024 Membership - Individual CA\$25.00

2024 Membership - Family CA\$40.00 Family Membership includes members of a family including spouses, parents, step-parents, siblings, children, stepchildren, and foster children, all of whom must be living in the same household at the time of membership.

I am completing this form for *	
O Myself	
Someone else	
First name *	Last name *
Date of birth * Month Day Year (e.g., 1981)	Email *
Phone number *	
Address *	
Enter a location	
Enter a location	
Country *	City *
~	
State/province	ZIP/postal code *
Emergency contact info	
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Emergency contact first name *	
Provide Emergency contact for manyioual and Pamily (1 per Family)	
Emergency contact last name +	
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Emergency contact phone *	
Phone number of Emergency Contact	
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