

CROQUET CANADA



MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____

PROV/STATE _____ POSTAL CODE _____

COUNTRY _____

HAVE SOMEONE CONTACT ME - FROM MY AREA, IF POSSIBLE

HOME PHONE () _____

BUSINESS PHONE () _____

CLUB AFFILIATIONS
(if any) _____

E-MAIL ADDRESS _____

Annual membership is \$20
Please make cheque payable to "Croquet Canada"

Mail this application along with cheque to: Croquet Canada
C/O Chris Loat
3 Queen Mary Dr.
St. Catharines, Ontario L2R 2J3
Canada