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| **2018 MEMBERSHIP REGISTRATION FORM**  Member #  Member #  **January 1, 2018 to Dec 31, 2018** | | | | | | | | | | | | | | | | | | |
| Name(s): | |  | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| Telephone: | | Home | | | Cell | | | | Email | |  | | | | | | | |
| Do you want to receive information by email? Your email address will only be used to send the newsletter, to notify you of CHCA activities, and it won’t be shared outside of CHCA. | | | | | | | | | | | | | | | | | Yes |  |
| No |  |
| Do you want your name and telephone # in the Directory? The directory is only available if requested for CHCA business by our members, and it won’t be shared outside of CHCA. | | | | | | | | | | | | | | | | | Yes |  |
| No |  |
| Renewal: | | Yes |  | | | *If this is a renewal from the 2017 membership year, please indicate any changes to the previous information on file.* | | | | | | | | | | | | |
|  | | No |  | | |
| New Member: | | Yes | Please tell us how you heard about us: | | | | | | | | | | | | | | | |
| Membership Type  Please circle | | | **Ordinary**: Reside in Cedar Heights, Blind Bay or Sorrento | | | | | | | | | | | **Associate**: Reside outside of this area | | | | |
|  | | |  | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Membership Dues** | | | | | | | **Rates** | | | | | **Amount Submitted** | | | | **Payment Type** | | |
| Category | | | | Description | | |  | | | | | | | | |  | | |
| New or Renewing members | | | | \* Individual | | | $25.00 | | | | |  | | | |  | | |
| \*\* Family | | | $50.00 | | | | |  | | | |  | | |
| *Note: New members joining after August 31, 2018 receive free membership until December 31, 2018 with prepayment of the  2019 membership year* **\* Individual Membership**: 1 adult or youth age 12-17 **\*\* Family Membership**: 2 adults and all youth/children under 18 living in the same household *If purchasing a family membership, please list the names and ages of all youth/children 18 years and under living in this household below:* | | | | | | | | | | | | | | | | | | |
| ***Volunteers are always needed. Please circle any of the following activities where you are willing to help:***  *Information Kiosk; Golf Course Maintenance, Golf Clinic Instructor, Golf Tournaments, Carpenter, Gardening, Building Maintenance, Fitness Instructor, Kitchen Helper, Baking, Newsletter, Marketing, Bar Tender, Website, Administration, Board of Directors, Program or Activity Co-Ordinators , Other (please specify in the area below).* | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | Signature: | | | | | | | | Date: | | |
| ***Please print and return this completed form accompanied by cash or cheque payable to Cedar Heights Community Association. Note we now accept e-transfers (call for info) and credit cards during office hours.*** | | | | | | | | | | | | | | | | | | |
| **By mail:** | Cedar Heights Community Association  2316 Lakeview Drive  Sorrento, BC V0E 2W2 Phone:250-675-2012 | | | | | | | | | **In person:** | | | **CHCA Office Hours – Tuesday and Thursday 1-3 pm**. Or you can place in the mail slot next to the office when the Centre is open; or if closed in the mail slot outside by the front door | | | | | |