AUSTRIA VANCOUVER CLUB

5851 Westminster Highway • Richmond BC V7C 1C3
Phone: 604-273-4725 *(does not receive messages)*
Website: www.austriavancouverclub.ca
Email: info@austriavancouverclub.ca

MEMBERSHIP RENEWAL APPLICATION (Please print)

Have you moved? Got a new phone number?
Please complete all sections to ensure our records are kept up to date.

1.Name: _____ **Date of Birth***: _____ **Membership #:** _____

2.Name: _____ **Date of Birth***: _____ **Membership #:** _____

Address: **Suite**:_____ **Street**:_____

City:_____ **Province**:_____ **Postal Code**: _____

e-mail 1: _____ 1. **Phone Cell:** _____

e-mail 2: _____ 2. **Phone Cell:** _____

Home Phone: _____

Names of children for Family Membership: *(must be under 19 years of age)*

1. _____ **Birth Date:** _____

2. _____ **Birth Date:** _____

3. _____ **Birth Date:** _____

4. _____ **Birth Date:** _____

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MEMBERSHIP FEES:

ANNUAL FEES:

Single(under 65).....$40 ◯ **Couple/Family.....$40** ◯

Single(65+).....$20 ◯ **Couple(65+).....$25** ◯

TOTAL PAID: $_____

(Payment accepted: Cash, cheque, bank debit card (only available on site)
or a credit card link may be sent with a service fee charged.)

PLEASE INDICATE APPLICABLE FEE(S) AND ENCLOSE WITH MEMBERSHIP RENEWAL

1. _____
Applicant's Signature

2. _____
Applicant's Signature

Date: _____

PLEASE SHOW YOUR MEMBERSHIP CARD AT ALL EVENTS TO RECEIVE YOUR DISCOUNT.

** For internal purposes only, information will not be disclosed to other parties.*

We are/I am willing to assist the Club in the following areas:

Kitchen - morning prep ☐ **Kitchen - evening help** ☐ **Clear tables** ☐ **Other** ☐

Bar ☐ **Yard work** ☐ **Maintenance** ☐ **Shooting Range** ☐

Is there another volunteer position that you would like to help with that is not listed? Do you have a trade that may be helpful in maintenance? Please let us know.

Please note:

- To qualify for a couple membership, you must live in the same household and proof must be shown upon request.
- To qualify for a senior couple membership, one member must be 65 at the time of membership application and proof may be requested.
- Children remain under Family Membership until their 19th birthday or are living with their parent or guardian while they attend post-secondary school. Proof may be requested.

Office Use Only:

Payment: _____ Debit ☐ Credit ☐ Cash ☐

Date Received: _____

# of years purchased: _____

System updated: _____ Card updated: _____

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