



MEMBERSHIP APPLICATION FORM

Blue Star Canada is a registered non-profit, non-sectarian organization dedicated to the development of human potential at all levels. Its programs are focused on self-empowerment, total well-being and community service.

SECTION 1 - - - PERSONAL DETAILS

NAME: _____ MR. MRS. MS MISS

ADDRESS: _____

CITY/PROV: _____ POSTAL CODE: _____

TELEPHONE NO: PRIMARY () ____ - ____ SECONDARY: () ____ - ____

EMAIL: _____

SECTION 2 - - - OPTIONAL

OCCUPATION: _____

SECTION 3 - - - MEMBERSHIP

INDIVIDUAL: *ANNUAL MEMBERSHIP FEE **\$15.00 FAMILY: *ANNUAL MEMBERSHIP FEE **\$30.00

FOR FAMILY MEMBERSHIPS

SPOUSE: _____

CHILDREN:	NAMES	AGE	NAMES	AGE
	_____	____	_____	____
	_____	____	_____	____

SIGNATURE: _____ DATE: _____

Privacy Disclaimer Personal information provided upon registration or renewal will be collected and protected under applicable privacy laws. Information collected is used in maintaining your membership, corresponding with you and distributing information about our services and programs as well as those of our affiliates. Personal information collected may be used or disclosed solely for operational purposes that are consistent with the mission of Blue Star Canada or as required by federal or provincial legislation.

METHOD OF PAYMENT: Cash or Cheque payable to **Blue Star Canada

Membership Fee is for the period January 1, 2012 - December 31, 2012. Member(s) is entitled to vote at any Annual General Meeting, Special or General Meeting & qualifies for special member discounts on retreats and other applicable events. Please be advised membership is subject to the approval of the Board of Directors of Blue Star Canada.

*** FOR OFFICIAL USE ONLY ***

Payment Details: _____

Date Received: _____

Collected By: _____

Board Approved: _____