

GIRO MEMBERSHIP APPLICATION

DATE: _____

Applicant Name: _____

Co-applicant (Spouse) Name: _____ (if applicable)

ADDRESS: _____ POSTAL CODE _____

TELEPHONE: _____

EMAIL: _____ EMAIL: _____ (co-applicant)

ANNUAL DUES: \$ 2.00 PER PERSON

Check one: New Membership___ Renewal ___
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Declaration:

By signing this form,

1. I/we agree to abide by GIRO's Bylaws and Constitution, and
2. By supplying an email address to GIRO, I/we agree to receive notices of general meetings of members to be held by GIRO by way of the email and other information from time to time.

SIGNATURE _____
Applicant

SIGNATURE _____
Co-applicant (if applicable)

Notes: GIRO memberships expire December 31 each year.
Signatures of both applicants (if applicable) are required.