GIRO Membership Form



DATE:	Check one: New membership Renewal
Applicant Name:	
Co-applicant (Spouse) Na	me:(if applicable)
ADDRESS:	
POSTAL CODE:	
TELEPHONE:	
EMAIL (applicant):	
EMAIL (co-applicant):	(if applicable)
Single applica	ANNUAL DUES: nt \$10.00 or Applicant + Co-Applicant \$20.00
2. By supplying an em	form: by GIRO's Bylaws and Constitution, and lil address to GIRO, I/we agree to receive notices of general s to be held by GIRO by way of the email and other information fron
SIGNATURE	APPLICANT
SIGNATURE	CO ADDI ICANT (if applicable)
	CO-APPLICANT (if applicable)

Notes: Signatures of both applicants (if applicable) are required