

GIRO Membership Form



DATE: _____

Check one: ☐ New membership ☐ Renewal

Applicant Name: _____

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

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE: _____

EMAIL (applicant): _____

EMAIL (co-applicant): _____ (if applicable)

ANNUAL DUES:

Single applicant **\$20.00** or Applicant + Co-Applicant **\$40.00**

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: Signatures of both applicants (if applicable) are required