

CANADIAN SIGHTHOUND FIELD ASSOCIATION

Application for Membership / Membership Renewal

Name: _____

Address: _____

Postal Code: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

New Membership

Membership Renewal

MEMBERSHIP FEES

Individual: \$17.00 Family: \$20.00 Club: \$17.00

Indicate Membership Type Applied For:

Individual

Family

Club

***Please make cheques payable to C.S.F.A. and
send completed applications to:***

Marie Clarke

**48740 Elk View Rd. - Chilliwack, BC V4Z 1G9
(604) 858-9792 - marieclarke@shaw.ca**

For Office Use Only:

Received by: _____ Date: _____

Amount: _____ Cheque Cash Money Order

As per constitution: Members who have not renewed their membership by March 31 of the current year shall be deemed in arrears and removed from the membership list.