Membership Year 20_ _

CENTRAL ONTARIO GLIDER GROUP (COGG)

APPLICATION FOR MEMBERSHIP

(Please PRINT Clearly)

Name _____

Address _____ City_____

Province/State_____ Postal/Zip _____Telephone _____

MAAC No._____ LSF No._____Level _____ E-Mail _____
(Print very clearly!)

Transmitter Channels Used (in order of most to least used) 1: _____ 2:_____ 3: _____ 4: _____

Full Membership	$25.00	☐
Senior (65 and over)	$20.00	☐
Junior (under 18)	First year free	☐
(second year under 18)	$10.00	☐

Amount enclosed _____

Please send notices by ☐ **Canada Post**
☐ **E-mail**

Send completed form and payment to:

Roy Bourke
56 Clareville Crescent
Toronto, ON, M2J 2C1

Cheque ☐ Money Order ☐ Other ☐

(Do not send cash by mail. Please make cheques payable to C.O.G.G. or to Central Ontario Glider Group)

Signature _____ Date _____

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