



# MCKC Membership Application

First name	Last name
Date of Birth (DD/MM/YYYY)	Gender : Male   Female   Prefer Not to Say
	Phone:
Email	Home address
Demographic info collection: Do you identify as?	
<input type="checkbox"/> Indigenous Peoples <input type="checkbox"/> Person with Disability <input type="checkbox"/> French <input type="checkbox"/> Visible Minority <input type="checkbox"/> Other _____	

Membership Type		
<input type="checkbox"/> Competitive \$500*	<input type="checkbox"/> Seasonal Competitive \$450	<input type="checkbox"/> Recreational \$275
<input type="checkbox"/> Family \$950 (section A)*	<input type="checkbox"/> Seasonal Family \$850 (section A)	<input type="checkbox"/> Storage (Section B)
* \$50 early bird discount only applies to select memberships and if paid in full by May 15th or earlier		
** seasonal, summer and recreational memberships run from June 15th to September 15th		

Section A: Family Membership Participants (max. 6 people)			
First name	Last name	D.O.B. (DD/MM/YY)	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say

Section B: Storage		
Boat type:	<input type="checkbox"/> Canoe \$275 <input type="checkbox"/> Canoe + membership \$475 <input type="checkbox"/> Canoe + Kayak \$475	
Boat type:	<input type="checkbox"/> Kayak \$225 <input type="checkbox"/> Kayak + membership \$425	
Boat type:	<input type="checkbox"/> SUP \$225 <input type="checkbox"/> SUP \$175 (summer)	
Brand	Serial Number	Colours
Brand	Serial Number	Colours

Emergency Contact	
First name	Last name
Phone number	Relation