

ELKS CLUB OF NEW WESTMINSTER

Membership RENEWAL

Last Name: _____ First Name _____

Address: _____

Email Address: _____ (Where Applicable)

Home Phone: _____ Cell Phone: _____

Emergency Contact and Number _____

Birth Date: _____ (Optional)

Membership Number _____ Fob Number _____

Purpose and Mission Statement

Fundraising and Charitable Work for the Community

*Are you willing to participate in a fundraising event/meat draws? YES NO

Dues: \$25.00 You must be a member in good standing the previous year for renewal otherwise you will be considered a new member.

FOBS ARE MANDATORY FOR ALL MEMBERS

Please pick up your new membership card and fob (if applicable) at the bar.

Signature _____ Date _____

For Office Use Only

Membership Number _____ Fob Number _____ Card Issued _____

Name in Barrel _____ Entered in Roster _____ Receipt Issued _____