

INDIVIDUAL MEMBERSHIP

Name	_____
Title	_____
Company	_____
E-mail	_____
Address	_____ City _____
Province	_____ Postal code _____ Phone _____ Fax _____
Reservation contact _____	
Title	_____
Phone	_____ Fax _____
E-mail	_____

<u>Categories</u>	<u>Cost</u>	<u>GST</u>	<u>QST</u>	<u>TOTAL</u>	<u>Cost of meal</u>
Regular	100.00 \$ +	5.00 \$	+ 9.98\$	= 114.98 \$	80.00 \$ + tx
Retired	50.00 \$ +	2.50 \$	+ 4.99 \$	= 57.49 \$	60.00 \$ + tx
Student	50.00 \$ +	2.50 \$	+ 4.99 \$	= 57.49 \$	60.00 \$ + tx

Method of payment

Please invoice me

Credit card

VISA

MasterCard

Card number _____

Expiry date _____

Cardholder _____

Signature _____