



CHILLIWACK SPORTS HALL OF FAME MEMBERSHIP FORM

DATE:

NAME:

ADDRESS:

POSTAL CODE:

PHONE NUMBER:

EMAIL ADDRESS:

PLEASE SELECT MEMBERSHIP CATEGORY:

INDIVIDUAL \$5.00 _____

GROUP \$10.00 _____

COMMUNICATIONS:

Canada's new anti-spam legislation requires us to secure your consent so that we can communicate with you electronically. You can withdraw consent entirely or modify e-mail preferences at any time.

____ Yes, I consent

____ No, I do not consent

PLEASE RETURN THIS FORM WITH PAYMENT TO:

CHILLIWACK SPORTS HALL OF FAME SOCIETY
Prospera Centre
45323 Hodgins Ave
Chilliwack, BC
V2P 8G1 Canada