



MEMBERSHIP FORM

Last Name(s): _____ Parents Name(s): _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Please add me to Mailing List

Children's Names	Birthday (mm/dd/yy)	M	F	School

Our family, hereby understands that participation in the Willowgrove University Heights Community Association ("WUHCA") programs or use of any facility provided through WUHCA, may have inherent risks of injury of any nature and release WUHCA from liability by any individual acting on WUHCA'S behalf which may be suffered by myself, and/or any member of my family during my/our participation in any WUHCA program.

By enrolling your child or yourself in the Willowgrove University Heights Community Association programs; you are hereby giving consent to the collection, use and disclosure of personal information as needed.

Member's signature

Date

WUHCA use only	Membership Fee: \$ _____	Membership No. _____
	Activity Registration Fee: \$ _____	
	Late Entry Fee: \$ _____	
	Total: \$ _____	
		cash cheque # _____
		Received by: _____
RETAIN RECEIPT FOR TAX PURPOSES		

Willowgrove University Heights
Community Association
PO Box 32017
Saskatoon SK, S7S 1N8