



ISK Membership Form

Full Name: _____ email: _____

Spouse's Full Name: _____ email: _____

Address: _____

City : _____ Postal Code: _____

Phone: _____ Fax: _____

Live-in Parents:

Full Name: _____

Full Name: _____

Children Information:

	Full Name	DOB (DD/ MM/ YY)	email
1.			
2.			
3.			
4.			
5.			

Membership Fee (circle the appropriate one):

Individual membership: \$ 50

Family membership: \$ 100

Student membership: \$ 10

Donation: _____

Total amount paid \$ _____ Cheque Cash

Signature: _____ Date: _____