

ROYAL CITY YOUTH BALLET COMPANY SOCIETY
(“Society”)
511 Columbia Street, New Westminster, BC V3L 1B2

Membership Application

PERSONAL INFORMATION

Surname _____ First _____ Initial _____
Address _____ Suite _____
City _____ Province _____ Postal Code _____
Telephone (Residence) _____ - _____ - _____ (Work) _____ - _____ - _____
Fax _____ - _____ - _____
E-mail address _____

DUES

Presently \$25.00 (subject to annual review).

SUBMISSION

Please mail the Membership Application to the Secretary, Royal City Youth Ballet Company Society, 511 Columbia Street New Westminster, BC V3L 1B2

AREA(S) OF INTEREST

- a) Costumes _____
- b) Production _____
- c) Fundraising _____
- d) Administration _____
- e) Event participation _____
- f) Other _____

In making this Membership Application to the Royal City Youth Ballet Company Society, I agree, if accepted into membership by the Board of Directors, to abide by and be bound by the Constitution, By-laws, Rules and Regulations of the Society.

Signature of Applicant

Membership Approved – Date _____ 20__

Authorized Signatory _____