



### Enrollment Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City/Town \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home)

\_\_\_\_\_  
\_\_\_\_\_ (Cell)

E-Mail: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Yearly Dues: Retired Steel Worker Member: \$12.00 \_\_\_\_\_

Spouse of Retired Member: \$3.00 \_\_\_\_\_

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**For Office Use Only**

Amount Paid: \_\_\_\_\_

New Member:

Returning Member: