

Membership Application

Membership year is January 1st to December 31st.

Name: _____

Address: _____

City: _____

Province: _____ Post Code: _____

E-mail: _____

New Renewal

Individual \$10 / 1 year \$25 / 3 year **Family*** \$15 / 1 year \$35 / 3 year

***List Family Members**

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Join the CKNS email list: Yes No

Preferred interest: Canoe Kayak SUP Big Canoe

Type of paddling: Recreational White Water Coastal Touring

Paddle Canada Instructor: Yes No

Interested in volunteering: Yes No

I hereby release CKNS from all liability for injuries or damage to me (or my child) through participation in CKNS sponsored/sanctioned programs or activities.

Signed: _____ Dated: _____