



NEW MEMBER FORM

FAMILY NAME(S) : _____

GIVEN NAME(S): _____

STREET ADDRESS: _____

POSTAL CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ALTERNATE EMAIL: _____

Please note that this information will be used to create a member account at www.bridlewood.ca and an email confirming that account will be forwarded to you. You will also be added to our mailing list for monthly email updates.

Comments / Suggestions: _____

If you would like to join our *volunteer team*, even with only a small time commitment, we can accommodate any schedule. In particular, we are looking for interested and enthusiastic volunteers to help with the following areas:

- Social Committee chair
- Safety Committee chair
- Committee members: development, safety, membership, constitutional review and social
- Street Reps
- General volunteers

Attendance at monthly meetings would be helpful but not mandatory. For more information on any of the above, please contact pres@bridlewood.ca.

Please complete and return to:
Bridlewood Community Association
PO BOX 45064 RPO Bridlewood
Kanata ON K2M 2Y1

Annual Membership fees are \$10 per family. Cheques can be made out to "BCA".