

MEMBERSHIP APPLICATION FORM

Spearhead is an Affiliation, Brotherhood or Fraternity of individuals with similar interests. Its Purpose is for the recognition and identification of likeminded Individuals. Honesty, discretion and a sincere interest in the principles and policies of Spearhead L.D.S.C. (Toronto) Inc. are necessary requirements for Membership.

							BII	RTHDA	IE	
NAME:										
	FIRST		LAST					DAY	YEAR	
ADDRESS:										
	SUITE/APT#			STREET ADDRESS						
	CITY	CITY		PROVINCE		POSTAL	CODE			
PHONE:			EMAIL:							
	HOME		CELL							
LIST ANY OTHE	R GROUP AFFILIA	TIONS/T	ITLES:							
, , ,				nust be current Spear		_	_			
sponsor may be	on the Board of Dir	ectors. S	ponsors	s will be contacted for	references. A	A recent <u>I</u>	PHOTO is	s require	ed.	
SPONSOR 1:										
	FIRST			LAST				MEMBERSHIP #		
SPONSOR 2:										
	FIRST			LAST				MEMBERSHIP #		
SPONSOR 3:										
	FIRST			LAST				MEMBERSHIP #		
I am willing to offer	my services with the	ne followir	ng skills	:						
<u>DUES:</u> \$ 55.00 Cana	dian Funds (Membersh	ip Expires M	/ar 31 foll	lowing year)	anthan Dank Datak	. :: - - -	- f -			
PAYMENT BY:	ers receive Membership	Pin, Membe	ersnip Ca	rd, and Shoulder Patch, Le	eather Back Patcr	ı is avallable		,		
					CREDIT CARD NUMBE	ER .	EXF MTH	PIRY DATE	CVV	
CASH CHQ	E-TRANSFER	8*	CREDIT C	ARD						
*If paying by e-transf	er, please send the e-tra	ansfer to the	e Treasure	er at treasurer@spearhe a	adtoronto.com					
-				e to be published in our Me		_		_	Media?	
Membership lis		Newslette		Web		_	Social M			
	YES NO		YES	NO SPEARHEAD WAIVE	YES NO			YE	S NO	
I the undersigned dul	y agree that I will confo	rm to and co		the principles governing t		tated in the	Constitutio	n and Rv	Lawe	
•	, ,		. ,	as a Corporation and its				•		
				of my participation in any						
I am willing to extend r	my hand in promotion of	f brotherhoo	d, fellows	hip, and courtesy to all Sp	earhead members	s.	FOF	R OFFICE USE	ONLY	
membership may be	revoked. I further ur remain property of Sp	nderstand th	nat all Sp	and that subject to my pearhead Insignia, pins, p e returned to Spearhead if	oatches and cop	ies of the				
I have read the above waiver and agree to all the terms and conditions. I certify I am of legal age:		ıs.								
				SIGNATUR				DA		
Please send your co	ompleted Members	hip Applic	cation F	orm including Photo a	and Fees to Sp	pearhead	L.D.S.C.	. (Toron	to) Inc,	

473 Church Street, Suite 231, Toronto, Ontario M4Y 2C5, attention Director of Membership. Completed Membership Application Form can also be emailed to membership@spearheadtoronto.com with copy to treasurer@spearheadtoronto.com.