



Northern Alberta BMW Club

www.nabmwclub.ca

Membership Form

Please mail form along with annual dues payment to:

Northern Alberta BMW Club
Box 52024
Edmonton, AB T6G 2T5

| | | | |
|---|---|---|-----------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Sir | Given Name | Surname |
| Street Address | | Suite/Apartment Number | |
| City | | Province | Postal Code |
| Home Phone (required) () | | Email (required to receive event notices) | |
| Work Phone () | | Facsimile () | Cell Phone () |
| Transaction Type <input type="checkbox"/> Renewal <input type="checkbox"/> New Member <input type="checkbox"/> w/ Driving School Registration | | Current Membership Number | Current Chapter |
| Areas of interest <input type="checkbox"/> Autocross <input type="checkbox"/> Driving Schools <input type="checkbox"/> Social Events <input type="checkbox"/> Technical Events <input type="checkbox"/> Tours <input type="checkbox"/> Other (please specify) | | | |
| Where did you learn about BMW Club? <input type="checkbox"/> Newsletter <input type="checkbox"/> Magazine <input type="checkbox"/> Website <input type="checkbox"/> Dealer <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify) | | | |

So that we may better plan events (tech events in particular) specific to the types of vehicles our members own, please tell us which vehicles you currently own.

| | | | |
|-----------|------|-------|------|
| Vehicle 1 | Make | Model | Year |
| Vehicle 2 | Make | Model | Year |

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| Other Comments |
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Annual membership dues are \$60.00 per single residence family.
Please make your cheque payable to **"Northern Alberta BMW Club"** and include with this form.

| For Administrative Use Only — Please do not write in this area | | |
|--|---|---|
| Application received date ____/____/____ MM DD YYYY | Paid by <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____ | Membership start date ____/____/____ MM DD YYYY |
| Membership number | Transaction type <input type="checkbox"/> Renewal <input type="checkbox"/> New Member | Approved by |