



Please email this completed application to [lisa@waegwoltic.ca](mailto:lisa@waegwoltic.ca) or drop off at the office

# Tier 1 - Waitlist Application

*Date Received (for office use only):*

## *Primary Member Information*

Primary Member Name: \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

E-mail Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## *Spouse & Dependent Members*

Spouse Member Name: \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Children Information:

1. \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

2. \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

3. \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

4. \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

Referred by: \_\_\_\_\_ *(only one member reference per application)*

How did you hear about The Waegwoltic Club? \_\_\_\_\_