



Please email this completed application to [membership@waegwoltic.ca](mailto:membership@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? \_\_\_\_\_