



TORONTO NEWCOMERS CLUB 2020 - 2021 MEMBERSHIP FORM NEW MEMBERS AND RENEWALS



First Name _____ Last Name _____

Birthday Date/Month _____ Spouse/Partner _____

Phone _____ Cell _____ Home _____

Email Address: _____

Mailing Address: Street _____, Postal Code _____

Please read and sign the following waiver:

I hereby agree that neither the Toronto Newcomers Club (hereafter "TNC") or any of its members, directors or officers shall be held responsible for injury, loss, damages to me or my property arising as a result of my participation in TNC's activities. I agree that each year I renew my membership in TNC, my annual dues payment represents my acknowledgement of the foregoing waiver for the renewal year. I also agree to TNC sending me emails, monthly newsletters and the directory.

Signature: _____ Date: _____

All the information that you give to the Club will be for TNC use only. It will be used to compile our digital directory which will be circulated to members only. The TNC directory may not be used for any commercial or solicitation purposes and is solely for the use of paid members of the Toronto Newcomers Club. If you do not wish your information to be published in the directory please check here ()

() Please check here if you are a new member and not a renewing member.

For new members - Date Arrived in Toronto (must be within the last 3 years) _____

Moved From: _____ Originally From: _____

Only paid up members may participate in TNC activities.

Please pay your \$50 membership fee at your earliest convenience.

Your payment options are:

1. By E-transfer (preferred) to tnc.money.matters@gmail.com Message to recipient "Membership Dues" **security question**, your name as it appears in the TNC Directory, **security answer** TNC5778
2. By cheque payable to Toronto Newcomers Club and mailed with this form to
Helen Clough, 118 Wareside Road, Etobicoke M9C 3B6

Please check

I AGREE TO HAVE MY PHOTO ON THE WEBSITE

I DO NOT AGREE TO HAVE MY PHOTO ON THE WEBSITE

For Administrator only

e-transfer cheque and number credit card date _____