

WINDSOR/ESSEX COUNTY SENIOR SPORTS ORGANIZATION

2019 MEMBERSHIP APPLICATION

(PLEASE PRINT THROUGHOUT THIS FORM)

NAME _____ DATE OF BIRTH _____
MONTH DAY YEAR

ADDRESS _____
(NUMBER & STREET) (CITY) (POSTAL CODE)

TELEPHONE – home _____ cell _____

EMAIL ADDRESS _____

SIGNATURE _____ DATE OF REGISTRATION _____
MONTH DAY YEAR

MEMBERSHIP APPLICATIONS MUST BE COMPLETED ON A YEARLY BASIS TO BE ELIGIBLE TO PARTICIPATE IN ANY WECSO FUNCTION.

PLEASE INCLUDE YOUR ANNUAL MEMBERSHIP FEE OF \$20.00.

PLEASE MAKE CHEQUE OUT TO

WECSO

SEND THIS COMPLETED FORM AND CHEQUE TO:

Bill Magone

568 Greendale Dr.

WINDSOR, ON, N8S 4A8

Phone # 519 996 9365