



## Membership Form

DATE: \_\_\_\_\_

### TYPE OF MEMBERSHIP

Harvard Hawk   Adult   Family   Life   Sponsor

### RENEWAL MEMEBERSHIP

### NEW MEMBER INFORMATION

Name: \_\_\_\_\_

Member# \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address to receive Harvard Happenings & The Roar: \_\_\_\_\_

### PAYMENT INFORMATION

Payment made by the member

Payment made by other - Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount Paid: \$\_\_\_\_\_

Form of Payment:   Cash   PayPal   Square   Cheque   eTransfer   Credit Card

Last 4 digits of card \_\_\_\_\_

\*If the Square reader is not available\*

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_ CVV: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

\*\*This form must be submitted to the Membership Team to be processed\*\*