



Associazione Campani Nel Mondo BC

Membership Application

Name: _____ Email: _____

Address: _____ Phone#: _____

Postal Code: _____ City: _____

Member to add to:

Full Name	Birthdate	Age	Region	Adult / Kid

Total Members: _____

Adults: _____ x \$20.00 each = \$ _____

PAID: CASH DEBIT

Kids: _____ x \$10.00 each = \$ _____

CHEQUE E-TRANSFER

Total Amount: \$ _____

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