

Communiskate Inc.

Membership Application

Name:
Last Name Initial First

Home Phone:

Cell Phone:

Email:

Work Phone:

Name:
Last Name Initial First

Home Phone:

Cell Phone:

Email:

Work Phone:

Mailing Address

City/Town	Address/P.O.Box

Membership	Lifetime	Annual
	<input type="checkbox"/>	<input type="checkbox"/>
	\$600.00	\$150.00

Membership Number:

Amount Paid:

Start Date:

Family Members Age 18 & Under

Last Name	Initial	First	Y/M/D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

Applications for Membership will not be processed until payment has been confirmed
 All Applications for Membership Require Board Approval
 Communiskate Inc. Reserves the Right to Limit, Accept or Withhold Applications