



Social Mavrik Federation	\$10	a month* for membership Quarterly or Ongoing
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Applicant (Half Couple) Name: _____ Date: _____

Mailing Address, Street or PO Box: _____

Mailing Address, Town or City: _____ Postal Code: _____

Residence Address: as above or: _____

Email address: _____

Local (optional): _____ Preferred telephone: _____

Recommended by:	Recommending Member's Couple ID#:	Recommending Member's Signature:
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Marriage Year: _____ Marriage Place: _____ Copy of Marriage Certificate Included (optional)

Number of children: Created: _____ Adopted: _____ Fostered: _____ Blended: _____

Please circle all that apply	Couple role: <i>Not-Yet-Married Engaged Married Husband Wife Widowed Separated Divorced</i> Parent roles: <i>No-Kids Mother Father Grandmother Grandfather Great-Grandmother Great-Grandfather</i> Preferred Salutation: <i>Mr Ms Mrs Miss Dr Rev</i> Sex: <i>Female Male</i> Gender: <i>Man Woman</i> Pronoun: <i>He She</i>
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Birth year: _____ Number of grandchildren: _____ Number of great-grandchildren: _____

* Payment is preferably by recurring direct debit as authorized on the other side of this form.
 Payment for an Ongoing membership may be made by cheque for the remaining months in the current year plus a cheque for all of the following year, post dated for January, payable to Social Mavrik Federation.
 Payment for a Quarterly membership of \$30 may be made by cheque or eTransfer with password mavrik