

## WKY FOUNDATION MEMBERSHIP APPLICATION / RENEWAL FORM

Please fill out this form clearly. Your application will be reviewed by the Foundation's Membership Committee after which you will be notified of the status of your application.

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Mr  Mrs  Ms  Dr  He/Him/His  She/Her/Hers  They/Them/Their

**Are you a student?**  Yes  No

### Home Address

\_\_\_\_\_ Street \_\_\_\_\_ City

\_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

### Background / Interests (optional)

\_\_\_\_\_  
\_\_\_\_\_

### How did you hear about us?

Newspaper  Referral: \_\_\_\_\_

Internet Search  Website  Other: \_\_\_\_\_

### Please indicate if this is a:

New membership  Renewal of Existing membership

Membership # \_\_\_\_\_

**Membership Fees (CAD):** Adult: \$20.00 Age 60-74: \$5.00 Student: FREE Age 75+: FREE

Payment enclosed:  Yes  No

Payment method upon approval:  Cheque  eTransfer  Direct Deposit

Please make cheques payable to WKY Viking Foundation  
eTransfer to [insert email address linked to account for etransfer]  
Direct Deposit to CIBC Transit no. 08172 Account no. 010 102691

**WKY Foundation Communications**

*I agree to receive communication from the WKY Foundation and understand that I can change this decision at any time by providing written notice (by email or hard copy) to the WKY Foundation. By selecting one of the methods below, I consent to receiving WKY Foundation communications.*

Email  By mail sent to the above address (currently available in North America only)

**Privacy Policy**

*WKY Foundation collects and processes the above information for the sole purpose of communicating with and governing its membership (including use of information to inform various offerings tailored to members). Information provided to the WKY Foundation will not be disclosed or sold to third parties. All information will be strictly confidential and stored in a secure manner in accordance with provincial legislation and any applicable laws, regulations, and codes in the jurisdiction to which this Foundation is registered.*

I understand and agree to the above information and wish to proceed with my membership application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
DD/MM/YYYY

-----For Office use only-----

Approved  Receipt Provided  Rejected

Membership Number \_\_\_\_\_

Date Paid \_\_\_\_\_  
DD/MM/YYYY

Approved By: \_\_\_\_\_  
Print Name

Signature \_\_\_\_\_

Date \_\_\_\_\_  
DD/MM/YYYY