

Today's Date:

MM	DD	YYYY

Are you a first time member?

Yes       No

Would you like to sign-up for our E-Newsletter?

Yes       No

Payment	
<input type="checkbox"/> Annual Membership Fee	\$ 10.00
<input type="checkbox"/> Newsletter Postage Fee	\$ 22.00
<input type="checkbox"/> Donate to WESN	\$ _____
<b>Total</b>	<b>\$ _____</b>
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
Tax receipts issued for donations \$10.00 and over. BN: 119292845RR0001	

First Name:		Last Name:	
Address:		City:	Postal Code:
Date of Birth (MM/DD/YYYY):		Gender:	
Phone Number: _____		E-mail: _____	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Emergency Contact Name:		Emergency Contact Phone: _____	
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

### Photo Consent

I consent to WESN taking and using photographs of me in print, online, or video materials, with or without my name, for any lawful purposes.

Signature:

I understand that WESN will use my information to keep me informed about their activities and to have emergency contact information accessible if the need arises. WESN will not disclose my information without my consent and will not rent, sell, or trade their mailing list.

### For Office Use Only

Membership Card Issued: <input type="checkbox"/>	Member #: <input style="width: 100%;" type="text"/>	Revenue Control (initial): <input style="width: 50%;" type="text"/>	Revenue Control Sheet #: <input style="width: 100%;" type="text"/>
Cheque #: <input style="width: 100%;" type="text"/>	Receipt #: <input style="width: 100%;" type="text"/>	Data Entered By (initial): <input style="width: 50%;" type="text"/>	Location: BM <input type="checkbox"/> KP <input type="checkbox"/> C&C <input type="checkbox"/>

**Optional**      This section will be removed and used only for statistical purposes.  
 Your answers will remain anonymous and not be attached to your name.

With which ethno-cultural group(s) do you identify?

What is your marital status?

Single     
  Married / Common-Law     
  Widowed     
  Divorced / Separated

What is your current housing arrangement?

Rent     
  Own     
  Subsidized     
  Other: \_\_\_\_\_

Do you identify as (select all that apply):

Heterosexual     
  Gay / Lesbian     
  Bisexual     
  Transgender

What is your individual annual income?

Below \$15,900     
  \$15,900 - \$23,700     
  \$23,701 - \$35,000     
  Over \$35,000