

THE OJIBWAY CLUB

c/o Admindesk 411 Huronia Rd., Unit 5. Barrie, ON L4N 9B3
www.ojibwayclub.com

2022 TRIAL MEMBERSHIP APPLICATION

Trial membership will be available to anyone who has never been a member of The Ojibway Club.
If the member decides to join after trial membership, they will be required to pay the prevailing initiation fees.

I/We are hereby applying for a trial membership to The Ojibway Club in the following category (please check one).
Age categories below refer to age as of the 2022 Calendar year.

Age 21 – 29 _____

Single membership categories are available to **Singles Only** and not for new members with a spouse/partner and/or children under the age of 21. **Age categories below refer to age as of 2022 Calendar year.**

Age 30 – 34 Single _____

Age 35 - 75 Single _____

Age 76+ Single _____

Family membership categories include the members immediate family only (spouse/partner & children under 21). **Age categories below refer to age as of the 2022 Calendar year.**

Age 30 – 34 Family _____

Age 35 - 75 Family _____

Age 76+ Family _____

Membership Category	Membership Fees	Capital Fees	Sub-Total Dues	HST	Total
21 - 29	\$132.00	\$64.50	\$196.50	\$25.55	\$222.05
30 – 34 Single	\$250.50	\$121.50	\$372.00	\$48.36	\$420.36
30 – 34 Family	\$360.00	\$180.00	\$540.00	\$70.20	\$610.20
35 – 75 Single	\$636.00	\$313.50	\$949.50	\$123.44	\$1072.94
35 – 75 Family	\$907.50	\$447.00	\$1354.50	\$176.09	\$1530.59
76 + Single	\$220.50	\$109.50	\$330.00	\$42.90	\$372.90
76 + Family	\$312.00	\$154.50	\$466.50	\$60.65	\$527.15

SURNAME: _____ FIRST NAME: _____ DOB (M/D/Y) _____

PROPERTY #: _____ ISLAND NAME: _____ PROPERTY NAME: _____

ADDRESS: _____
Street _____ City _____

Province/State _____ Postal Code / Zip Code _____

EMAIL ADDRESS: _____

TELEPHONE #'s: _____
Home _____ Cottage _____ Cell _____ Business _____

SPOUSE / PARTNER

First Name _____ Surname _____ Date of Birth (M/D/Y) _____

Email _____

CHILDREN (only include children under 21 as of the 2022 Calendar year)

1. _____ Date of Birth (M/D/Y) _____

2. _____ Date of Birth (M/D/Y) _____

3. _____ Date of Birth (M/D/Y) _____

Please send this form with the appropriate payment to the address at the top of this page.

For further information, please email sherrick@nghstc.ca

Thank you for supporting The Ojibway Club!