



# HSC MEMBERSHIP RENEWAL FORM (PLEASE PRINT CLEARLY)

Name(s): \_\_\_\_\_

PAL #: \_\_\_\_\_ Do you hold a RPAL? ☐ Yes ☐ No

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

\_\_\_\_\_

Signature

Date (mm/dd/yy)

Member since (if you remember): \_\_\_\_\_

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## HSC OFFICE USE ONLY:

Expiry December 31, \_\_\_\_\_ Payment Confirmed \_\_\_\_\_

☐ cash

☐ cheque

☐ e-transfer

Amount: ☐ \$60 (Individual)

☐ \$90 (Family)

☐ \$20 (Junior)

☐ Free age 80+