

MEMBERSHIP FORM 2020 /2021 Season

NAME:		LAST NAM	E:		
DATE OF BIRTH (DD/MM/YYYY):	CITY & PRO OF BIRTH			GENDER:	M F
HOME PHONE:		MOBILE PHONI	Ē:		
EMAIL:					
ID TYPE & NO. (DL/ PASSPORT):			ID EXPIRY:		
ADDRESS:					
CITY/PROVINCE:			POST CODE:		
	P	AYMENT			
	ADULTS \$50:		YOUTH \$30: 16 and under		
SELECT YOUR METH	OD OF PAYMENT:	CASH	CHEQUE	E-TRANSFER	!
•	wishes to become a membe spect and adhere to all oft th			•	3
SIGNATURE:			DATE:		

For e-transfer, please email: juventus.vancouver@gmail.com

Please fill out this form completely and return to the following address with cheque made payable to Juventus Official Fan Club Vancouver: