

Membership Form

ID # _____

Dilwale Dilliwale

Tel: 416-707-4288. 647-828-1960.

Email: dilwaledilliwale@gmail.com

(LAST): _____ (FIRST): _____ (MIDDLE): _____ (D.O.B.(Optional) DD / MM / YY _____

(STREET): _____ (APT#): _____

(CITY): _____ (PROV): _____ (P. CODE): _____

(RES. TEL): _____ (WORK OR CELL): _____

(E-MAIL): _____ (FAX): _____

(PHOTO)

Membership Fee: \$100.00 (annual)

Paid by: Cash _____ Cheque _____

Family Members: (Optional)

Name

Relation

Name	Relation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments / Suggestions

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