

THE OJIBWAY CLUB

c/o Sherri Kingsmill
1981 Jans Blvd., Innisfil, ON L9S 5A5
www.ojibwayclub.com

2022 NEW MEMBER APPLICATION

I/We are hereby applying for membership to The Ojibway Club in the following category (please check one):
New Member

Age 21 – 29 There is no initiation fee for new members who are 21 as of the Calendar year of , 2022. For members who join when they are between the ages of **22 and 29**, the initiation fee is equal to the accumulated annual dues for the years between the current age and 21. For example, initiations fees for a 25 year old would be (25 – 21 = 4) equal to 4 years of annual dues. Please contact the office who will determine your initiation fees.

Important: All new members, except in the 21-29 category must pay the **initiation fee** as stated below, as well as the current year's **membership fee** within your category. See 2022 Fee Schedule. **Initiation Fee \$5,500.00 + HST \$715.00 = \$6215.00**

(Fees will be increasing as of August 1st, 2023 to \$ 6500.00)

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 the Calendar year of 2022.

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

- Age 21-29
- Age 30-34 Single
- Age 35-75 Single
- Age 76+ Single

- Age 30-34 Family
- Age 35-75 Family
- Age 76+ Family

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 Calendar year of 2022)

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!