

# THE OJIBWAY CLUB

c/o Sherri Kingsmill  
1981 Jans Blvd. Innisfil, ON L9S5A5  
[www.ojibwayclub.com](http://www.ojibwayclub.com)

## 2024 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, 2024. 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 2024 Fee Schedule.

**Initiation Fee \$7,500.00 + HST \$975.00 = \$8,475.00**

**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 2024.

**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 2024.

- 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 2024)

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](mailto:sherrick@nghstc.ca)

**Thank you for supporting The Ojibway Club!**