



Cornerstone Membership Application

Mr. Mrs. Ms. Dr.

New Membership Renewal

Surname	Given Name
Home #	Cell. #
Email Address	
Address	
City	Province/State
Postal Code	Sobriety Date (DD/MM/YYYY)
Name of Home Group	
Emergency Contact (Surname, Given Name)	Emergency Contact #

Please select the appropriate membership and indicate any donations you wish to make:

- | | | | |
|------------------------------------|--------------------------|----------------------------------|--------------------------|
| Regular (\$150 per year) | <input type="checkbox"/> | Senior 65+ (\$115.00 per year) | <input type="checkbox"/> |
| Disabled (\$100 per year) | <input type="checkbox"/> | Donation (\$_____) | <input type="checkbox"/> |
| Sponsoring member (\$200 per year) | <input type="checkbox"/> | Ranch Alumni (\$100.00 per year) | <input type="checkbox"/> |

All prices include HST (#85362 4971 RT0001). Payments can be made by cash or personal cheque. Please make cheques payable to Steps to Recovery.

Signature	Date
-----------	------

Your form will be held securely and confidentially. Only Authorized staff will have access to your information.