



Membership Application

Single Family

Date _____

Name _____

Email _____

Address _____

Main Contact # _____ Secondary # _____

D.O.B _____ AGE: _____

Member #2 _____ D.O.B _____

AGE: _____

Member #3 _____ D.O.B _____

AGE: _____

Member #4 _____ D.O.B _____

AGE: _____

1. I wish to be on the AMRA email list
2. Please contact me about helping/volunteering at some AMRA events
3. I know of a youth who might be interested the AMRA Youth Program

ANNUAL MEMBERSHIP FEES:

4. Youth 6-9 \$20

5. Adult (10+) \$40

TTL\$ _____

6. Family of 4 \$120

CHEQUE PAYABLE TO AMRA CASH

CREDIT CARD _____ EXPIRY DATE _____

INFO@AMRA.CA

AMRA membership is required for all Demo nights, Test & Tunes & equipment rentals

AMRA Membership Receipt	
Received From: _____	
DATE: _____	Total: _____
_____ AMRA Representative	

