



**PINE CENTRAL HOLY SPIRIT RLFC Inc.**

# 2020 SENIOR AFFILIATE MEMBER FORM

Cost: \$11 for single OR \$20 per couple

**MEMBER'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**PARTNER'S NAME (SECONDARY MEMBER):** \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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*Office Use Only:*

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Receipt No: \_\_\_\_\_ Receipt by: \_\_\_\_\_

Entered into Data base by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_