



Cowichan Community Workshop

REGISTRATION FORM

	Year	Month	Day	
REGISTRATION DATE				CECC MEMBERSHIP #
NAME				AGE CATEGORY <input type="checkbox"/> Adult 19+ <input type="checkbox"/> Seniors 60+ <input type="checkbox"/> Youth 13 to 18
MAILING ADDRESS (INCLUDING POSTAL CODE)				
PHONE NUMBER	home:			
	cell:			
E-MAIL ADDRESS				
Age				
Fee Schedule				OFFICE USE ONLY <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Other (specify) CCW MEMBERSHIP # _____
Adults 19+	Annual	\$120.00 + 6 tokens		
	Semi Annual	\$60.00 + 3 tokens		
Seniors 60+	Annual	\$70.00 + 6 tokens		
	Semi Annual	\$35.00 + 3 tokens		
Youth 13 to 18	Annual	\$70.00 + 6 tokens		
	Semi Annual	\$35.00 + 3 tokens		
* 1 token is good for 3 hrs of open shop time *				
I consent to continue to receive emails from the Cowichan Community Workshop				Payment Received \$ _____

Signature:

Per:
