

CNF NEW INDIVIDUAL REGISTRATION APPLICATION

Date: (dd/mm/yy) _____

Name (last, first, middle initial): _____

Address: _____

Phone (H): _____

Phone (W): _____

Email: _____

Birthdate: (dd/mm/yy) _____

Male/Female: _____

I hereby apply for membership in the Canadian Naginata Federation (the "CNF"). I agree to abide by all rules, policies and regulations of the CNF. I acknowledge that membership expires August 31, 2017 and is subject to renewal through the CNF Renewal Form.

Signature of applicant

Signature of parent or guardian
if applicant under 18 years of age.

Name of Club: _____

I hereby recommend the applicant for membership in the CNF.

Name of Club Leader (Please Print)

Signature of Club Leader

Fees: Adult: \$30

Junior (under 16 years of year as of Dec 31, 2016) : \$15

Membership Fee Attached: \$ _____

Send Application Form with Fee (cheque payable to the Canadian Naginata Federation) to:



Johanne Chalifour,
Membership Secretary
Canadian Naginata Federation
2204 Des Beccs-Scie
Vaudreuil-Dorion, Québec
J7V 9S3