



LEISURE CARD MEMBERSHIP APPLICATION

COORDINATES of the family residence

Address		
City	Province	Postal Code
E-Mail	Telephone	Cellular
Status: <input type="radio"/> Resident <input type="radio"/> Non-resident <input type="radio"/> Municipality with agreement <input type="radio"/> Partner <input type="radio"/> Visitor		
FOR OFFICE USE <input type="radio"/> Driver's License or NB ID Card <input type="radio"/> Certificate of eligibility <input type="radio"/> Residential Lease <input type="radio"/> Utility Bill (x2) <input type="radio"/> 2018 Property Tax <input type="radio"/> Mortgage Documents <input type="radio"/> Social Assistance or EI Benefit Confirmation <input type="radio"/> Child Tax Credit (cheque stub) <input type="radio"/> Pay Stub		

#1 – Coordinates of the APPLICANT (ADULT)

Name:	Surname	Date of birth YY – MM - DD
FOR OFFICE USE <input type="radio"/> Driver's License <input type="radio"/> Passport <input type="radio"/> Birth Certificate & Hospital Card <input type="radio"/> NB ID Card <input type="radio"/> QC Medicare <input type="radio"/> Certificate of First Nations Status Card		

#2 – Coordinates of the SPOUSE (ADULT)

Name:	Surname	Date of birth YY – MM - DD
FOR OFFICE USE <input type="radio"/> Driver's License <input type="radio"/> Passport <input type="radio"/> Birth Certificate & Hospital Card <input type="radio"/> NB ID Card <input type="radio"/> QC Medicare <input type="radio"/> Certificate of First Nations Status Card		

*Please indicate the legal relationship with the adult registered in # 1 or # 2 for each child. *

CHILDREN and other adults (Living at the SAME RESIDENCE)

Name:	Surname	Date of birth YY – MM - DD
Relationship: Legal Father <input type="radio"/> #1 <input type="radio"/> #2 Legal Mother <input type="radio"/> #1 <input type="radio"/> #2 Legal Guardian _____		
FOR OFFICE USE <input type="radio"/> Birth Certificate <input type="radio"/> Others: _____ & _____		
Name:	Surname	Date of birth YY – MM - DD
Relationship: Legal Father <input type="radio"/> #1 <input type="radio"/> #2 Legal Mother <input type="radio"/> #1 <input type="radio"/> #2 Legal Guardian _____		
FOR OFFICE USE <input type="radio"/> Birth Certificate <input type="radio"/> Others: _____ & _____		
Name:	Surname	Date of birth YY – MM - DD
Relationship: Legal Father <input type="radio"/> #1 <input type="radio"/> #2 Legal Mother <input type="radio"/> #1 <input type="radio"/> #2 Legal Guardian _____		
FOR OFFICE USE <input type="radio"/> Birth Certificate <input type="radio"/> Others: _____ & _____		

I **CERTIFY** that the information provided is true and I authorize the representatives of the City of Campbellton and the Memorial Regional Civic Center to use them for administrative purposes. I acknowledge that a false declaration leads to the revocation of the leisure card without any refund. I agree to respect the conditions of use of the card. I shall be solely and fully responsible for any misuse of the card.

The replacement fee for a lost card will be \$5 (tax included). The card holder agrees to notify the City of any change of address or other.

Name of Applicant #1	Signature	Date

FOR OFFICE USE

ADULT # 1 : Leisure Card No. _____	\$ _____		FEE	\$ <input style="width: 40px;" type="text"/>
ADULT # 2 : Leisure Card No. _____	\$ _____			
CHILD # 1 : Leisure Card No. _____	\$ _____			
CHILD # 2 : Leisure Card No. _____	\$ _____		TAX	\$ <input style="width: 40px;" type="text"/>
CHILD # 3 : Leisure Card No. _____	\$ _____			
				TOTAL
Eligible for family of 4 rebate (Children must be less than 18) <input type="radio"/>				\$ <input style="width: 40px;" type="text"/>
Eligible for an additional child rebate <input type="radio"/>				