



Surname \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

School Div. \_\_\_\_\_

School Name \_\_\_\_\_

Grade Taught \_\_\_\_\_

Work Phone \_\_\_\_\_

**Membership Information**

New     Renewal

**MTS Member?**

Yes     No

**Membership Type**

Full     Student     Associate     Other \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

Date Received \_\_\_\_\_

Cheque     Cash