



Round Lake Treatment Centre

Membership Application

NAME	PHONE
MAILING ADDRESS	
CITY	POSTAL CODE
EMAIL ADDRESS	
METHOD OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER PLEASE ENSURE YOUR PAYMENT OF \$5.00 IS ENCLOSED. CASH PAYMENTS SHOULD BE PAID IN PERSON ONLY.	
OFFICE USE ONLY DATE RECEIVED:	MEMBERSHIP CARD NUMBER