



MEMBERSHIP APPLICATION
FAMILY MEMBERSHIP FOR JAN 1 – DEC 31 / 2012 = \$30.00

Payable by Cheque • VISA OR MASTERCARD

Name: _____

Address: _____

_____ Postal Code: _____

Telephone: _____ Business Phone: _____

Email Address: _____

If family membership, please list names of family members.

Please make your cheque payable to GLOHW

Mail this form and cheque to : GLOHW
Stonechurch Postal Outlet
PO Box 32192
Hamilton, Ontario, L8W 3L3

If you wish to pay by credit card please complete the following:

Please circle one : Mastercard VISA

Name as it appears on the card: _____

Card No. _____ Expiry Date : _____

I prefer to receive my GLOHW Newsletter by (check one) **e-mail** Canada Post

I am interested in participating with the following :

Meet & Greets Special Events Newsletter

WELCOME TO GLOHW