

CANPOP/SOS MEMBERSHIP

NAME - SURNAME GIVEN NAME:	
STREET ADDRESS:	
CITY:	
PROV./STATE:	
COUNTRY:	
POSTAL CODE/ZIP CODE:	
TELEPHONE:	
E-MAIL:	
DATE OF BIRTH:	
NUMBER OF JUMPS: AS OF DAY/MONTH/YEAR	
C.S.P.A NUMBER OR OTHER ASSOCIATION NUMBER:	
C.O.P. AND NUMBER:	
CLUB AFFILIATION:	

LIFETIME MEMBERSHIP FEE: FOR BOTH CANADIAN AND INTERNATIONAL

PLEASE CHECK ALL THAT APPLY

CAN-POPS \$15.00

CAN-SOS NO CHARGE IF A CAN-POPS MEMBER

CASH
E-MAIL MONEY TRANSFER
CHEQUE
MONEY ORDER

FILL OUT FORM ONLINE

PRESS SUBMIT

OR

PRESS PRINT AND MAIL FORM WITH PAYMENT (NO CASH) TO:

**Brian diCenzo
29 Petworth Rd.
Brampton, ONTARIO
CANADA L6Z 4C7**