



Social Mavrik Federation	\$10 a month* for membership
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Applicant (Half Couple) Name: _____ Date: _____

Mailing Address, Street or PO Box: _____

Mailing Address, Town or City: _____ Postal Code: _____

Residence Address: as above or: _____

Email address: _____

Local (optional): _____ Preferred telephone: _____

Recommended by: _____	Recommending Member's Couple ID#: _____	Recommending Member's Signature: _____
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Marriage Year: _____ Marriage Place: _____ Copy of Marriage Certificate Included (optional)

Number of children: Created: _____ Adopted: _____ Fostered: _____ Blended: _____

<i>Please circle all that apply</i>	Couple role: <i>Not-Yet-Married Engaged Married Husband Wife Widowed Separated Divorced</i> Parent roles: <i>No-Kids Mother Father Grandmother Grandfather Great-Grandmother Great-Grandfather</i> Preferred Salutation: <i>Mr Ms Mrs Miss Dr Rev</i> Sex: <i>Female Male</i> Gender: <i>Man Woman</i> Pronoun: <i>He She</i>
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Birth year: _____ Number of grandchildren: _____ Number of great-grandchildren: _____

Basic membership funds of the Social Mavrik Federation are recorded in Local accounts. Federation expenses are pro-rated by the number of members and are allocated monthly to each Local account based on the number of members in the Local.

* Payment is preferably by recurring direct debit as authorized on the other side of this form. Payment may be made by cheque for the remaining months in the current year plus a cheque for all of next year, post dated for January.