



784 Bowen Drive
Campbell River, BC V9H 1S2
250-504-0052 info@socialmavrikbc.ca

Social
Mavrik

\$10

a month* for membership
Quarterly or Ongoing

Applicant 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:
_____	_____	_____



Marriage (sacred, civil, common law) Year: _____ Marriage Place: _____

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

Please circle all that apply	Couple current role: <i>Not-Yet-Married Engaged Married Husband Wife Widowed Separated Divorced</i>
	Parent ongoing roles: <i>No-Kids Mother Father Grandmother Grandfather Great-Grandmother Great-Grandfather</i>
	Preferred Salutation: <i>Mr Ms Mrs Miss Dr Rev</i>

Birth year: _____ Number of grandchildren: _____ Number of great-grandchildren: _____

* Payment by recurring direct debit as authorized on the other side of this form.

Payment by cheque for the remaining months in the current year plus a cheque for all of the following year,
post dated for January, payable to Social Mavrik Federation and mailed to address at top of form.

Payment for a \$30 Quarterly membership by cheque, direct debit or eTransfer to info@socialmavrikbc.ca password mavrik