



Juventus Toronto



MEMBERSHIP FORM

(Please Print)

Mr.

Mrs.

Miss

Surname: _____ Name: _____

Occupation: _____ Date of birth: _____

Place of birth: _____

Address: _____

Telephone No. : (Res.) _____ (Work): _____

(Cell): _____ (Fax): _____

E-Mail: _____ Referred by: _____

In which language would you prefer to receive our correspondence? Italian English

Adult fee \$60.00

Youth fee (under 16 years) \$40.00

Payment Method: Cheque

Cash

The undersigned wishes to become a member of the Juventus Club Doc Toronto and agrees to respect and adhere to all of the procedures of the Club and of Juventus F.C.

Signature: _____

New Member?

Date: _____

Yes No

Please fill out this form in its entirety and return to the following address with cheque made payable to **Juventus Club Toronto**.

Juventus Club Doc Toronto
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Toronto, ON M9M 2J0 Tel. 905-856-0929
www.juventusclubdoctoronto.com