

Last Name _____ First Name _____ Membership # _____

Address _____ City _____

Province _____ Postal Code _____

Primary Email _____ Secondary Email _____

Home Number _____ Work Number _____ Mobile Number _____

MEMBERSHIP CATEGORY (Please complete one)

<input type="checkbox"/>	FULL MEMBERSHIP	<i>I am a:</i> <input type="checkbox"/> Current Employee <input type="checkbox"/> Retired Employee <i>of the RCMP.</i> <i>Employee/Regimental #</i> _____
<input type="checkbox"/>	FAMILY MEMBERSHIP	<i>I am a:</i> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Widow/er <input type="checkbox"/> Grandchild <input type="checkbox"/> Child <i>of a person eligible for FULL MEMBERSHIP.</i> <i>Name of Family Sponsor</i> _____ <i>Sponsor's employee #</i> _____
<input type="checkbox"/>	ASSOCIATE MEMBERSHIP	<i>I am a member of another police force or military police or Parliament Hill Security Unit.</i> <i>Name of Police Agency:</i> _____ <i>Employee #</i> _____
<input type="checkbox"/>	FRIEND	<i>I support the objectives of Long Island Camp, and I am sponsored by a FULL, FAMILY, or ASSOCIATE MEMBER.</i> <i>Name of Sponsoring Member:</i> _____ <i>Sponsor's FOLIC Membership #</i> _____

SEASON FEES (Includes HST)

		<i>(Please select and complete all that applies)</i>					
Fees in Black - cash, cheque or debit - Fees in Red - Mastercard or Visa		Per day	Per week	Per month	Entire season	Sub Total	
Base Membership required	BASE MEMBERSHIP Permits access to grounds, swimming pools, BBQ pit, picnic area, rest rooms, playground, parking and wi-fi.	\$7/person up to \$18/car	\$55 \$56	-	\$150 \$153		
	COTTAGE Dates requested: _____	\$175 \$179	\$1170 \$1193	-	-		
	CABINS Dates Requested: _____ Cabin requested: _____	\$60 \$61	\$390 \$398	-	-		
	CAMPING Make of Trailer: _____ License: _____	\$24 \$24.50 \$42 \$43	\$168 \$172 \$270 \$276	\$372 \$380 \$642 \$655	\$1600 \$1632		
	BOAT LAUNCH/DOCK Make of Boat: _____ Registration: _____	\$10	-	-	\$125 \$123		
	RV/BOAT STORAGE Make: _____ License/Registration: _____	- \$32/\$33 \$42/\$43	- - -	\$1/foot - -	- - -		

Applicant's Signature _____

Date _____

TOTAL: