



Membership Form

DATE: _____

TYPE OF MEMBERSHIP

☐ Harvard Hawk ☐ Adult ☐ Family ☐ Life ☐ Sponsor

☐ RENEWAL MEMBERSHIP

☐ NEW MEMBER INFORMATION

Name: _____

Member# _____

Street: _____

City: _____ Country: _____

Postal Code: _____

Phone: _____

Email Address to receive Harvard Happenings & The Roar: _____

PAYMENT INFORMATION

☐ Payment made by the member

☐ Payment made by other - Name: _____

Mailing Address: _____

Amount Paid: \$ _____

Form of Payment: ☐ Cash ☐ PayPal ☐ Square ☐ Cheque ☐ eTransfer ☐ Credit Card

Last 4 digits of card _____

If the Square reader is not available
Card Number: _____
Expiry: _____ CVV: _____ Postal Code: _____
Name as it appears on the card: _____
Signature of card holder: _____

****This form must be submitted to the Membership Box to be processed****