



45 BRAHMS AVENUE TORONTO, ON M2H 1H3
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www.blindsailing.ca

Application Form

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

E-mail: _____

- I would like to become a member of Blind Sailing Canada, my cheque for \$40 is enclosed.
- I would like to be a volunteer for Blind Sailing Canada, please contact me.
- I would like to make a donation to Blind Sailing Canada, I have enclosed a cheque for \$_____.