

Name:
Address:
City:
Postal Code:
Phone:
Email:
Club Names:
TM Designations:
Special Dietary Needs:
☐ I would like to Volunteer
I am a First Timer
I am a Proxy holder
Payment Amount:by: Cash
Cheque Visa MasterCard
Card #
Expiry
Signature



Please make cheque payable to:

District 21 Toastmasters

Mail to: Finance Chair, Cila Kwong 300 - 2985 Virtual Way, Vancouver, BC V5M 4X7

*** No refunds available ***

Questions? Email: cilakwong@yahoo.ca





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