

CAROLINA ORIENTEERING KLUBB

Application for Membership

I do hereby apply for membership in the CAROLINA ORIENTEERING KLUBB (COK).

Name: _____ Age: _____ M () F ()

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ E-Mail: _____

Type of Membership

	<u>Regular</u> (Sept-Aug)	-or-	<u>Late</u> (Feb-Aug)	
Family -or-	\$18.00		\$9.00	\$ _____
Individual	\$12.00		\$6.00	\$ _____
<i>(Full time students over 18 may subtract \$2.00)</i>				- \$ _____

TOTAL = \$

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If Family membership, please list other orienteering members:

Name	Age	Sex	Name	Age	Sex
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Make checks payable to:

**Carolina Orienteering Klubb (COK)
P.O. Box 2057
Huntersville, NC 28070-2057**

Amount Enclosed \$ _____ (from TOTAL above)

11/2010