



- Renewal
 New Applicant

Dreams Take Flight (Canada) / Voyage de Rêve (Canada)

Membership Application Form

REGULAR MEMBER (Active or Retired Air Canada Employees)

ASSOCIATE MEMBER (Friends of Dreams Take Flight)

APPLICANT'S FULL NAME: _____

EMPLOYEE NUMBER: _____

HOME ADDRESS: _____

PHONE: _____ Cell _____

E-MAIL ADDRESS: _____

The applicant hereby applies for membership in Dreams Take Flight (Canada) / Voyage de Rêve (Canada) and by signing this application agrees to be bound by the terms of the documents, by-laws, rules, regulations, policies and code of conduct for members of the Corporation and the Chapter in which the applicant is enrolled.

APPLICANT'S SIGNATURE: _____

DATE: _____

DATE APPOINTED BY BOARD: _____

DATE REMOVED FROM BOARD: _____

MEMBERSHIP NUMBER: _____

CHAPTER / CITY CODE: _____