DEBONAIR CAMPGROUND

Membership Agreement Form

Campsite # _____

Acknowledgment

I, the occupant, have read and agree to abide by the current Debonair Campground Policy.

Policyholder Signature:

_____

Date: _____

Member Information

Full Name (Policyholder): _____

Spouse (if applicable): _____

Mailing Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Phone Number: _____

Alt. Phone (e.g., Cell): _____

Email(s): _____

Workplace Name & Phone #: _____

I consent to receiving Debonair E-News Bulletins: ☐ Yes ☐ No

Information Sharing

Do you authorize permission for us to provide your campsite # and location to individuals who request it? ☐ Yes ☐ No

Office Use Only

Date Remittance Received: _____