



RENEWAL OF MEMBERSHIP OF CIRKIDZ

I wish to renew my membership of Cirkidz

Type of Membership	Participant	Community (Non-Participant)
	\$10	\$20

Name:

Age:

Address:

Phone: Mobile:

Email:

I am a currently a paid up member of Cirkidz. Yes/No

I agree to pay the membership fee Yes/No

Signed (if U18 may be signed by parent or guardian):

Date: