



**C.M.A.S.C.**

REGISTRATION FORM

**Full Legal Name:**

● \_\_\_\_\_

**Primary Address:**

● \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Phone Number:**

● \_\_\_\_\_

**Mobile Phone Number:**

● \_\_\_\_\_

**Email 1:**

● \_\_\_\_\_

**Email 2:**

● \_\_\_\_\_

**Date of Birth:**

● \_\_\_\_\_

**Marital Status:**

● \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

**\*\*PLEASE RETURN ALONG WITH A COPY OF A VALID ID AND A RECENT UTILITY BILL\*\***

