Clubs New Account Application



Legal Name (in full) if a	ıny					
Name of Club	,	l c	eague or Membe	r Organization		
Name of Glub		LC	ague of Member	i Organization		
Referred to Admiral by	(optional):					
Name			Club/Organization	n		
Shipping Address						
City		State/Prov.		Postal/Zip Co	de	
Billing Address						
City		State/Prov.		Postal/Zip Co	de	
Telephone	Fax		email			
Please check one Corporation Partnership Sole Partnership Not for Profit						
Officers	Name	Telephone	Fax		email	
President						
Secretary						
Treasurer/ Accountant						
Payables Contact						
Telephone	Fax		email			
Club registration date	U	niform elivery date				
Date club was formed	N° of e	mployees Full t	ime I	Part time	Volunteers	
Authorized by						
Title						
Signature						
Date					Tel. 905.73 1	1.5890

Fax 905.731.3160
Toll free 888.646.6822