

POSITIVE THINKERS CLUB
St. John's Chapter
Membership Information

Date.....

FIRST NAME..... SURNAME.....

MAILING ADDRESS

Street/P.O. Box.....

City/Town..... Province.....

Postal Code.....

CONTACT INFORMATION

Telephone: Home..... Work.....

E-Mail..... Fax.....

TYPE OF MEMBERSHIP

.....Single

.....Family

If family membership, please list names of family members who may be attending.

HOW DID YOU HEAR OF POSITIVE THINKERS?

..... Friend.....Radio.....Newspaper.....Flyer.....TV.....newsletter