



Canton Hacker and Maker Place, Inc.
Membership Application (Tier 1)

First Name :	
Last Name :	
Email Address :	
Home Address :	
City :	
Phone :	
Emergency Contact Name :	
Emergency Contact Relation :	
Emergency Contact Phone :	

<i>Initial:</i>	I, the applicant, agree to a one year Tier 1 membership at a cost of \$20 a month with the first payment of \$60 due upon transmittance of this application and that the \$60 will cover the first three months of of membership, after which I will pay \$20 a month for my membership. I also accept that failure to make payments for three consecutive months will result in suspension of my membership.
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Signature:

Date :
