



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

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 3 month probationary membership at a cost of \$60 for 3 months. 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 :
