



Boxing Ontario FANatic Membership Form

Affiliated Club Name: _____

Name: _____
(First Name) (Last Name)

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Date of Birth: _____
(xxx) xxx-xxxx mm/dd/yy

Email Address: _____ Sex: _____
Male/Female

Would you be interested in volunteering for Boxing Ontario Special Events? _____
Yes/No

Signature: _____ Date: _____