

KMS CLUB MEMBERSHIP FORM FOR CLUBS/ASSOCIATIONS

Please complete in full

Club/Association Name: _____

Phone#: _____ Email: _____

Contact: _____ Title: _____

Address: _____
Street City Province Postal code

President/Treasurer: _____

Please add the names of the Club/Association members who are
authorized to redeem your KMS Club credit.
(they must be a KMS Club Member, if they aren't ask us how)

To maximize your store credit please make sure your Club/Association members are signed up individually and are entered under your Club/Association's KMS Club Account.

When complete please hand into a cashier or email to kmsclub@kmstools.com or fax to 604-522-0638

**The information provided on this form will be used for KMS Club purposes only*