



Membership Application

York Region Makers through its NewMakeIt facility offers tools, training, and consultation services that enable community members to experiment with and master a wide variety of maker skills. We are dedicated to sharing knowledge, building relationships, and fostering entrepreneurship. NewMakeIt is our open, collaborative shop and idea laboratory where members and students convene to learn and create.

Applicant Information			
Membership type:	<input type="checkbox"/> Hobby – Nights/ Wknds <input type="checkbox"/> Hobby - Daytime <input type="checkbox"/> Hobby – Anytime <input type="checkbox"/> Pro – Daytime <input type="checkbox"/> Pro-Anytime <input type="checkbox"/> Coworking PT <input type="checkbox"/> Coworking FT <input type="checkbox"/> CoMaker <input type="checkbox"/> CoMaker Pro		
Name:		Date:	
Date of birth:		Home phone:	
Address:			
City:		Province:	
E-Mail address:			
Identification of Primary Member			
Identification type:		Verified by:	
ID number:			
Business Information (Coworking)			
Business name:			
Business description:			
Web site address:			
Emergency Contact			
Name:			
Address:		Phone:	
City:		Province:	
Relationship:			
Postal code:			
Joint Membership Information (Makerspace) <i>(must reside with applicant)</i>			
Name:		Relationship:	
Date of birth:		E-mail:	
		Cel Phone:	
Name:		Relationship:	
Date of birth:		E-mail:	
		Cel Phone:	
Signatures			
I verify the information provided on this form is true and correct. I understand that intentionally making a false statement or providing false information is grounds for termination of membership.			
Signature of Guardian:		Date:	
Signature of Applicant:		Date:	



FOR OFFICE USE ONLY BELOW THIS LINE					
Membership Level:		Term:		Start Date:	
Auto Renew (Y/N):		Rate:		Storage Locker:	
SAFETY and EQUIPMENT CERTIFICATION DATES					
Safety Orientation:		Laser:		3D Printing:	
CNC:		Other:		Other:	
FORM SIGNATURE VERIFICATION DATES					
Policies:		Confidentiality:			
Membership:		Liability:			

