



ANNUAL MEMBERSHIP APPLICATION

MEMBERSHIP TYPE: Regular [___] \$50 or Student [___] \$50 (Select only ONE)

Member Name _____

(Required for all Applications, even family membership, which requires one person in family to be registered with a Regular membership)

E-mail address _____

Address _____

City _____ **Prov** _____ **Postal Code** _____

Telephone (___) _____ - _____ **Unlisted?** No [___] Yes [___]

Telephone (___) _____ - _____ **Unlisted?** No [___] Yes [___]

FAMILY MEMBERSHIPS (Fee = \$20)

Relationship to Member

_____ : _____ **E-mail address** _____

_____ : _____ **E-mail address** _____

_____ : _____ **E-mail address** _____

_____ : _____ **E-mail address** _____

_____ : _____ **E-mail address** _____

_____ : _____ **E-mail address** _____

_____ : _____ **E-mail address** _____

Signatures are required on reverse of application form

FOR OFFICE USE ONLY

Date Received: _____, _____ 20__

Received By : _____

Membership Number : _____ **Total Fee Paid: \$** _____

Membership Start Date : _____, _____ 20__

Expiry Date : _____, _____ 20__

