



MEMBERSHIP FORM

NAME: _____

STREET ADDRESS/PO BOX: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: _____

**EMAIL ADDRESS: _____

MEMBERSHIP TYPE (circle one) REGULAR \$15 FAMILY \$20 SENIOR \$10

SIGNATURE: _____

DATE: _____

PAID BY: CASH _____ CHEQUE _____ POS _____ AMOUNT PAID: _____

RECEIVING PAYMENT INT _____

Membership expires on the date of the annual general meeting each year.

To continue membership your fees should be submitted on or before that date annually. Thank you.

IF ELECTED TO THE BOARD WE REQUIRE YOUR DATE OF BIRTH FOR CORP. REGISTRY

#131529299 RR0001

P.O. Box 1062

Weyburn, SK.

S4H 2L3

306-848-7387

REGULAR: 18 to 64 years of age
with voting privileges

FAMILY: limited to 2 persons 18
years of age and over both with
voting privileges

SENIOR: 65 years or older with
voting privileges