



Mr. Mrs. Miss

Last Name : First Name :

Spouse :

Address : Tel (residence) : (250)

, BC Postal Code : Tel (other) : (250)

E-mail : Occupation :

Child(ren) :
name(s)/age(s)

INDIVIDUAL (19-54) \$20

SATELLITE (19+) \$15

SENIOR \$15 (55+)

SPOUSE \$10

STUDENT (14-18) \$15

Would you like to volunteer some of your time to the Association?

Yes No

I prefer to receive your most recent invitations, ads and news via email

Yes No

SELECT PREFERRED METHOD OF RECEIVING NOTICES FOR THE ANNUAL GENERAL MEETING OR OTHER EXTRAORDINARY MEETINGS

BY POST EMAIL

DONATION \$ _____ THANK YOU FOR YOUR SUPPORT!

THIS SPACE RESERVED (OFFICE USE ONLY)

Amount Paid: \$ _____ Receipt Number : _____ Date : ____/____/____ Expiration : ____/____/____

New Member : Renewal : Email : Constant Contact : Excel :

Membership Card : Letter : Sent the : ____/____/____ Signed : _____

