



MEMBERSHIP APPLICATION

NAME(S): _____

ADDRESS: _____

PROVINCE: _____

POSTAL CODE: _____

PHONE: _____

E-MAIL: _____

I/We support the Vision and Mission Statements of the Society, and agree to abide by the Constitution and Bylaws.

SOCIETY MEMBERSHIP DUES (ANNUAL):

Individual: \$10

Family/Organization: \$25

Please specify if a paper receipt is required
(e-mail receipt normally issued)

Date: _____

Signature: _____