

**2016**  
**Membership/Renewal Application**

Date: \_\_\_\_\_

Membership category (please check one):

\_\_\_\_\_ Family (\$20)

\_\_\_\_\_ Couple (\$15)

\_\_\_\_\_ Individual (\$10)

Member information:

Name(s) \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

Email address \_\_\_\_\_

Check here if you do NOT wish to receive email notifications \_\_\_\_\_

New membership? \_\_\_\_\_ Renewal? \_\_\_\_\_

Would you also like to make a donation? Amount \_\_\_\_\_

Would you like a tax receipt for your donation? Yes \_\_\_ No \_\_\_