

# Membership Form



Please complete as many fields as possible and fax to (204) 822-1483 or mail to:

Mailing Address: 111D Gilmour St  
Morden, MB  
R6M 1N9

## Personal Information

<b>Your Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Date of Birth</b>	

## Membership Information

<b>Type of Membership</b>	<input type="checkbox"/> Individual Membership (\$20.00/year) <input type="checkbox"/> Family Membership (\$45.00/year) <input type="checkbox"/> Life Membership (\$100.00 one time payment)
<b>Payment Type</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Other – please specify: _____

# Thank You for Your Support!