

**MEMBERSHIP REQUEST/RENEWAL**

Please enroll/renew me/us as a member for \_\_\_\_\_ :

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

email address: \_\_\_\_\_

Dues for one calendar year are:	Membership (\$25.00):	\$ _____
	Donation to Society:	\$ _____
	<b>TOTAL enclosed:</b>	<b>\$ _____</b>