



MEMBERSHIP APPLICATION

CONTACT INFORMATION

NAME (First, Middle initial, Last):

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NUMBERS (HOME):

(WORK):

(CELL):

EMAIL ADDRESS:

How did you hear about the Foundation? (friend, relative, colleague, student or other):

Why are you interested in joining the Foundation?

Can we contact you for further information?

Which method of contact do you prefer?

MEMBERSHIP FEES

Lifetime Membership Fee

PAID BY (circle one): Cheque Cash

Additional Donation

Total Submitted

=====

Donations are gladly accepted! Thank you!

REVIEWED BY BOARD

Approved:

YES

NO

(Circle one)

Board Member:

Signature:

Date:
