

## MEMBERSHIP

Annual membership						
	Individual (\$20)		Family (\$35)		Student/Senior (\$15)	
Name (s)						
Mailing Address						
Community/City						
Province		Postal Co	ode		_	
Phone Number ho	ome			cell		
Email Address						
Would you like to rece	eive our newsletter	?	yes		no	
By signing this form, you agree to help the Board and membership meet the Co-operative's mission.						
Signature				_ Date	e	

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