



LEDUC WEST ANTIQUE SOCIETY

APPLICATION FOR MEMBERSHIP

Adult	\$20.00
Family	\$25.00
Member under 18	\$10.00
Total	\$ _____
Donation *	\$ _____
Total	\$ _____

Member: First Name _____

Last Name _____

Date of Birth _____

Family Membership: Adult one _____

Adult two _____

Children under 18: Name _____

Name _____

Name _____

Address _____

City/Province _____

Postal Code _____

Phone Number _____

E-mail Address _____

Please specify if you would like to receive your newsletter via (circle one): mail / e-mail

My interests are _____

I have specific skills and talents in the following areas _____

I am interested in volunteering with the Society _____

***Would you like to make a donation to LWAS? Make a donation and receive a TAX RECEIPT.**

I agree to abide by the Rules and Regulations of the Leduc West Antique Society:

Member's Signature

Date

Please send completed form, along with membership fee
(cheques payable to Leduc West Antique Society) and donation to:

PO Box 5035 Leduc Main; Leduc, AB, T9E 6L5