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MEMBERSHIP CARD

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ P.CODE: _____ EMAIL: _____

Subscribing Membership - \$25.00/year

Supporting Membership - \$45.00/year

Sustaining Membership - \$100.00/year

Guardian Angel - \$250.00/year

DONATION-\$ _____

Yes, my name can be used on the plaque and/or in any public "thank you".

No, I wish to remain anonymous

CHEQUE OR MONEY ORDER FOR:\$ _____ IS ENCLOSED OR

PLEASE BILL MY VISA CARD # EXPIRY DATE: /

SIGNATURE _____ DATE: _____

A charitable receipt will be issued to all memberships.

MAIL TO : LAKELAND HUMANE SOCIETY, PO BOX #202, COLD LAKE, AB, T9M 1P1