



LEDUC WEST ANTIQUE SOCIETY

APPLICATION FOR MEMBERSHIP

ANNUAL ADULT \$20

ANNUAL FAMILY \$25

LIFE ADULT \$100

LIFE FAMILY \$150

Total \$ _____

Donation* \$ _____

Total \$ _____

First Name _____

Last Name _____

Family Membership Adult Name 1 _____

Family Membership Adult Name 2 _____

Children Under 18: Name _____

Children Under 18: Name _____

Children Under 18: Name _____

Children Under 18: Name _____

Address: _____ City: _____ Prov: _____

Post Code: _____

Phone No: _____

Primary Email Address: _____

My interests are: _____

I have skills and talents in the following areas: _____

I am interested in volunteering: Yes No

* Donations to LWAS over \$20 will receive a Tax Receipt.

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

Members Signature: _____ Date: _____

Please send completed form, along with the membership fee (cheque payable to: Leduc West Antique Society) and donation to: **49541 RR260 Box4, Comp 1, Leduc County, AB T9G 0K2**