



## LEDUC WEST ANTIQUE SOCIETY

### APPLICATION FOR MEMBERSHIP

	ADULT	\$20
	FAMILY	\$25
	Member Under 18	\$10
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**