

New Membership

Renewal

Member Number (if known):

Individual, Family or Student

Organization

Names: _____ _____
Individuals under 16 Name: _____
Name: _____
Name: _____

Name of Organization: _____ _____
Key Contact: _____
Title: _____

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Yes, I would like to make a donation

\$25

\$50

\$100

Other \_\_\_\_\_

**Payment Information**

Payment Method:    Visa        MasterCard    Cheque
Name on Credit Card: _____
Expiration Date: Month _____ / Year _____
Credit Card Number: _____