



PO Box 87, New Denver, BC Canada V0G 1S0

**MEMBERSHIP APPLICATION FORM:
Select Membership Category**

___ *Adult Membership:* \$10.00

___ *Family Membership:* \$15.00

___ *Youth Membership:* \$ 5.00

Please Note: Annual membership fees are for the Society's *fiscal year* which begins October 1 and ends the following September 30.

PLEASE COMPLETE FORM IN FULL (PRINT) AND SIGN

SELECT MEMBERSHIP YEAR: The enclosed fees are for the 20___ - 20___ *fiscal year*.

Name(s)

Mailing Address

City/Town

Province

Postal Code

Telephone(s)

E-mail address(es)

[] **Yes, I/we give SLSS permission to communicate with me/us by e-mail regarding SLSS news, workshops, meeting notices, informational resources and other Society related matters.**

Signature(s)

Date

20____