



Wheatland Conservation & Wildlife Association  
Box 60014, Strathmore, AB T1P 0C2  
wcwastrathmore@gmail.com

### MEMBERSHIP APPLICATION

(January 1 through December 31 or any part thereof)

Date of Application: \_\_\_\_\_ New:  Renewal:

FEES Single: \$60.00  Family: \$75.00

Surname:	First Name:	Birth Year:
Address:	Town:	Province & Postal Code:
Phone:	Email:	

Family Members (if applicable):

Surname:	First Name:	Relationship:	Birth Year:

Are you able to volunteer: Yes:  No:

If so, in what capacity: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

Single Membership: \$60.00  Family Membership: \$75.00

PAID BY: CASH:  CHEQUE:  EFT:

Payment Received by: \_\_\_\_\_ Date: \_\_\_\_\_

