

Join today!

Membership Form

MEMBER INFORMATION

| Name (first and last): | | | |
|------------------------------|--------------------------|-------------------------|--|
| | | | |
| | | Postal Code: | |
| Email address: | Telephone: | | |
| MEMBERSHIP TYPE | | | |
| Check a line: | | | |
| \$15 Student or underemploy | ved . | | |
| \$ 30 Individual | | | |
| \$ 40 Family | | | |
| \$55 Associate | | | |
| I would like to set up a mor | nthly donation of | | |
| I would like to make a singl | e donation of | | |
| PAYMENT METHOD | | | |
| I would like to pay by: | | | |
| Cheque (make payable to C | CNB and mail to add | dress below) | |
| Credit Card (Visa or Masterd | card, fill out info belo | w or call 506 458-8747) | |
| Card Number: | | Expiry Date: | |
| Name on card: | | Signature: | |

Please mail or fax completed form and payment to: