

Peace Valley Conservation, Recreation and Tourism Society

ASSOCIATE MEMBERSHIP FORM

ORGANIZATION: _____

ADDRESS: _____

REPRESENTATIVE: _____

ADDRESS: _____

CONTACT TELEPHONE NUMBER _____

CONTACT EMAIL: _____

Meeting Notifications to be sent to: _____ Organization address

_____ Representative address

_____ Email address

Signatures

Member Representative: _____

PVCRTS Secretary Treasurer: _____

Membership Fee: _____ Paid: yes no



The Peace Valley Conservation,
Recreation and Tourism Society
Box 189
Fairview, AB T0H 1L0

Phone: (780) 835-4903 Fax: (780) 835-3131

Membership # _____ For office use only
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