$\begin{array}{c} \textbf{PRO-RATED} \; (after \; July \; 1^{st}) \\ \textbf{All memberships expire December } 31^{st} \; in \; the \; following \; year. \end{array}$

REGULAR MEMBERSHIP APPLICATION

Please Print: NAME:		RENEWAL				
MAILING ADDRESS	S:					
POSTAL CODE:		PHONE#:				
E-mail address:		DOB/AGE:				
PAL #:	Exp date:					
	SINGLE	FAMILY				
SPOUSE:	DOB /AGE:					
CHILDREN:		DOB /AGE:				
CHILDREN:		DOB/AGE:				
CHILDREN:		DOB/AGE:				
AGES 12-17 (incl)		DOB/A	DOB/AGE:			
TYPE	REGULAR		PRO-RATED			
SINGLE	\$150.00		\$160.00			
FAMILY	\$160.00		\$170.00			
YOUTH	\$50.00		\$60.00			
Mail completed forms v			EXANDER, MB R0E 0P0			
Drop off at White Wolf Fund Donation: (\$10.00 Cheque Payable to: Ale	recommended) \$	/ #59 - Rd#99159 Be	aconia, MB.			
IF YOU MOVE, PLEA AFFIDAVIT: I certify I have			ADDRESS. gulations & agree to comply.			
Signed:	Date					