



MEMBERSHIP FORM

MEMBER INFORMATION:

Name: _____

Stable Name: _____

Address: _____

Town: _____

Postal Code: _____

Phone #: _____

E-Mail: _____

MEMBERSHIP TYPE(PLEASE MAKE CHEQUES PAYABLE TO: ALBERTA PERCHERON CLUB):

Family \$35.00 _____

Single \$25.00 _____

Associate \$15.00 _____

PLEASE SEND MEMBERSHIP INFORMATION / FEES TO:

Alberta Percheron Club
c/o Lisa Evans
albertapercheronclub@yahoo.ca or
PO Box 1733 Crossfield, AB, T0M 0S0
Call (403) 809-4630

<i>Office Use Only</i>			
Paid:	Yes	No	Date Recvied:
		Chq #:	