# 2010 Membership Fees Form

**Please fill out this Membership Form and Mail to:**
**Box 25135 Deer Park RPO, Red Deer, AB T4R 2M2**

**MEMBERSHIP FEES:** please circle one ***Single*** **$25** ***Family*** **$35**

**Name(s):** _____

**Address:** _____

**City/Town:** _____

**Province:** _____

**Postal Code:** _____

**Phone:** _____

**Fax:** _____

**Email:** _____

**Anniversary Date:** _____

**Birthdays: (use back of page if necessary)**

**Name:** **Birthday dd/mm/yyyy**

_____

_____

_____

_____

| | **Yes** | **No** |
|---|---|---|
| **Call me to help at Bingos** | _____ | _____ |
| **Call me to help with events** | _____ | _____ |
| **Call me to help with development project** | _____ | _____ |