



MEMBERSHIP FORM

Please provide the following information:

Name(s): _____

Mailing Address: _____

Community: _____

Postal Code: _____

Telephone: _____

Email: _____

Lifetime Membership: (select one)

- Individual (\$20)
- Family/Joint (\$25)
- Group/Business (\$50)

I have also enclosed a charitable donation of \$ _____.

(Tax receipts will be issued for donations of \$20 and greater.)

What conservation issues are you concerned about in the Crowsnest Pass?

If you have some extra time, how would you like to become more involved?

- Volunteer for events and community projects
- Help with community outreach
- Become a member of the Board of Directors
- Volunteer in the office
- Work on project development
- Join the BearSmart Committee
- Join the Birding Committee
- Other ideas? _____

Date: _____ **Signature:** _____

Please mail completed form with your cheque to:

Crowsnest Conservation Society, P.O. Box 242, Crowsnest Pass, AB ToK oEo

Thank you for your commitment to community-based conservation initiatives in Crowsnest Pass!

Valuing and connecting people and nature for a healthy future in the Crowsnest Pass and beyond.