

Western Canadian Wheelwright's Association Membership Renewal and New Membership Form

PLEASE PRINT CLEARLY

 Date of Application: _____
MONTH DAY YEAR

 New Membership: Family Membership: Renewal:

 Name: _____
LAST NAME GIVEN NAME

 Company Name: _____
IF APPLICABLE

 Home Address: _____ Business Address: SAME AS HOME OR:

STREET/AVENUE NUMBER & NAME OR P.O. BOX NO.

STREET/AVENUE NUMBER & NAME OR P.O. BOX NO.

CITY/TOWN/VILLAGE

CITY/TOWN/VILLAGE

PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

PROVINCE/STATE POSTAL/ZIP CODE COUNTRY
Telephone: (Please include access codes if applicable)

Home:

ACCESS AREA TELEPHONE
CODE CODE NUMBER
Business:

ACCESS AREA TELEPHONE
CODE CODE NUMBER
Cell Phone:

ACCESS AREA TELEPHONE
CODE CODE NUMBER
Fax: (Please include access codes if applicable)

Home:

ACCESS AREA TELEPHONE
CODE CODE NUMBER
Business:

ACCESS AREA TELEPHONE
CODE CODE NUMBER
Email Address:

Website Address:

Please notify the Treasurer if you do not wish your name to appear as part of the WCWA membership list in the Traveller newsletter.

Annual Membership is \$45; Family Membership is \$65. Please send your completed WCWA application, with cheque or money order to Debra Johnson, Treasurer at:

7509 Black Road, Salmon Arm, BC V1E 2P7 CANADA

or e-tsf to: Wheelwright.Assoc.Treas@gmail.com