

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

PLEASE PRINT CLEARLY

Date of Application: _____
MONTH DAY YEARNew Membership: Family Membership: Renewal: Name: _____
LAST NAME GIVEN NAMECompany Name: _____
IF APPLICABLEHome 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:

Business:

Cell Phone:

ACCESS AREA TELEPHONE
CODE CODE NUMBER_____
ACCESS AREA TELEPHONE
CODE CODE NUMBER_____
ACCESS AREA TELEPHONE
CODE CODE NUMBER

Fax: (Please include access codes if applicable)

Home:

Business:

Email Address:

ACCESS AREA TELEPHONE
CODE CODE NUMBER_____
ACCESS AREA TELEPHONE
CODE CODE NUMBER_____
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 Bonnie McCauley, Treasurer at:

Box 64, Madden, Alberta T0M 1L0 CANADA

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