

Wheatland Conservation & Wildlife Association

Membership Application

(Please Print)

First Name: _____

Surname: _____

***If family membership, please list additional information. Name/Sex/Year of Birth (under 18)
(Year of birth not required for spouse)*

Spouse: _____

Dependent: _____

Dependent: _____

Address: _____

City/Prov: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Year of Birth: _____ Sex: Male/Female

Email: _____

Seller Name: _____

Date Sold: _____

Please forward this application with payment to:

Wheatland Conservation & Wildlife Association

Box 60014

Strathmore, AB T1P 0C2

Membership Prices (Please Circle One)

Regular

\$40

Family

\$50

www.wheatlandconservation.com