



MEMBERSHIP FORM

MEMBER INFORMATION:

Name: _____

Stable Name: _____

Address: _____

Town: _____

Postal Code: _____

Phone #: _____

E-Mail: _____

MEMBERSHIP TYPE (PLEASE MAKE CHEQUES PAYABLE TO: ALBERTA PERCHERON CLUB):

Family \$35.00 _____

Single \$25.00 _____

Associate \$15.00 _____

PLEASE SEND MEMBERSHIP INFORMATION / FEES TO:

Alberta Percheron Club
c/o Erin Ferguson
albertapercheronclub@yahoo.ca or
Box 194 Balzac AB T0M0E0 or
Call (403) 870-0993 To Get Fax Number

<i>Office Use Only</i>				
Paid:	Yes	No	Chq #: _____	Date Recvied: _____

