



VOLUNTEER LETHBRIDGE  
ASSOCIATION  
INDIVIDUAL MEMBERSHIP  
APPLICATION FORM

Name: \_\_\_\_\_

First

Last (please print)

Address: \_\_\_\_\_

Street and Mailing (if different)

\_\_\_\_\_

City

Province

Postal Code

Phone: \_\_\_\_\_

Home

Cell

Work

Email Address: \_\_\_\_\_

I grant permission to be added to Volunteer Lethbridge's email distribution list including newsletters and updated information.

Signature \_\_\_\_\_

Would you be interested in:

- Holding a position on the Board of Directors \_\_\_\_\_ Yes \_\_\_\_\_ No
- Volunteer with Volunteer Lethbridge \_\_\_\_\_ Yes \_\_\_\_\_ No
- What is/are your area(s) of interest:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Individual Membership Fee \$5.00 Paid by: Cash/Cheque/Debit/Visa or Mastercard

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For Office Use Only:

Receipt Number: \_\_\_\_\_

Date Received: \_\_\_\_\_