



Membership Application:

Name _____

Phone # _____

E-Mail _____

Company _____

Able to work on a committee (Golf, Curling, Entertainment, Social Function) _____

Membership Fee \$50.00 per year. Must be a Member to participate in WPA sponsored events.

Paid by: Visa _____ MasterCard _____ American Express _____
Cheque -# _____ or cash _____.

Comments if you have any.

MEMBERSHIP NUMBER ISSUED: _____ DATE: _____

Print form, fill out and fax to: 780-778-6685 att: Jim