

FRIDHGARD FELLOWSHIP MEMBERSHIP APPLICATION FORM

DATE: _____ (Admin use: Date RCVD: _____)

CHECK ONE:

HOUSEHOLD MEMBERSHIP (\$30) [] or an INDIVIDUAL MEMBERSHIP (\$20) []

NAME: _____ Alias: _____

EMAIL: _____ PHONE: _____

MAILING ADDRESS:

_____ POSTAL CODE: _____

My/our areas of interest or expertise are:

If a HOUSEHOLD, how many adults in the household? _____

By signing this application I/we acknowledge that I/we have read, understand and promise to abide the Constitution and Bylaws of the Fridhgard Fellowship Society.

Adult Householder Name

Signature

Adult Householder Name

Signature

Adult Householder Name

Signature

Adult Householder Name

Signature

~ALL PERSONAL INFORMATION IS KEPT STRICTLY CONFIDENTIAL~

***Mail to: Fridhgard Fellowship Society,
Comp 1, Box 9, 104 Horel Rd. West, Salt Spring Island, BC, Canada, V8K-2Y5***

Admin Use: RESPONSE NOTES: