



Western Sky Land Trust
Conserving Our Sense of Place

ANNUAL MEMBERSHIP FORM

Date: _____

Individual or Company Name: _____

Address: _____

City & Province: _____

Postal Code: _____

Tel: () _____

Fax: () _____

Email: _____

Membership

Individual \$40.00 Non-Profit Organization \$80.00 Corporate \$500.00

I Would Also Like to Make A Donation

\$25 \$50 \$100 Other \$_____

Payment Options

Cheque Enclosed

To Pay By Credit Card: Please use IATS on our Website www.westernskylandtrust.ca

Please Fill Out:

Membership \$_____ Donation \$_____ Total \$_____

Tell Us How You Became Aware of Western Sky? _____

Thank you for your support. A tax receipt will be forwarded to you.

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