

A.M.S.A. MEMBERSHIP FORM

Individual Membership:

First Name _____ Last Name _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Date: _____

E-mail address: _____

Family Membership:

First Name: _____ Last name _____

First Name: _____ Last name _____

First Name: _____ Last name _____

First Name: _____ Last name _____

Amount Enclosed: \$ _____

Individual \$20.00/yr or \$75/5yrs

Family \$25/yr or \$95/5yrs

Club Affiliation \$60/yr

Please enclose check payable to AMSA

Mail or deliver to:

David or Debra Johnston
Box 213
Big Valley, AB
T0J 0G0