

MEMBERSHIP

CHAPS could not operate without the support of our members. If you are interested in the history of Cochrane and wish to become a member please PRINT and mail the following form to CHAPS, BOX 2104, Cochrane, AB T4C 1B8

Membership form
Incorporation # 508 433 141

| Type of Membership | | | Volunteer Interest | |
|--------------------|-------|---------|--------------------|-------|
| Individual | _____ | \$10.00 | Social Activities | _____ |
| Family | _____ | \$15.00 | Research | _____ |
| Corporate | _____ | \$25.00 | Membership | _____ |
| Student | _____ | \$5.00 | Fundraising | _____ |
| Donation | _____ | _____ | Other | _____ |

Name: _____

Address: _____

Postal Code: _____

E-Mail _____ Email list Yes No

Tel: _____ Fax: _____

CHAPS Contacts:

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