



Waterton Natural History Association

MEMBERSHIP FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov/State: _____ Postcode/Zip: _____

Country: _____ Tel: (____) _____ Fax: (____) _____

Email: _____

Type of Membership	No. of Memberships	Amount
<input type="checkbox"/> Full Membership	@ \$ 20 each	\$ _____
<input type="checkbox"/> Associate Membership	@ \$ 15 each	\$ _____
	TOTAL:	\$ _____

Cheques payable to: WNHA
Mail to: Box 145,
Waterton Park, Alberta
T0K 2M0 Canada

Credit Card: Card number: _____ Expiry: _____

Visa

Mastercard

Name of Cardholder: _____

FOR OFFICE USE ONLY:
recvd: _____ cc/chq processed: _____