

Western Canadian Wheelwright's Association

Membership Renewal and New Membership Form

PLEASE PRINT CLEARLY

Date of Application:
MONTH DAY YEAR

New Membership: **Family Membership:** **Renewal:**

Name:
LAST NAME GIVEN NAME

Company Name: IF APPLICABLE

Home Address: **Business Address:** SAME AS HOME OR:

STREET/AVENUE NUMBER & NAME OR P.O. BOX NO. **STREET/AVENUE NUMBER & NAME OR P.O. BOX NO.**

CITY/TOWN/VILLAGE **CITY/TOWN/VILLAGE**

PROVINCE/STATE **POSTAL/ZIP CODE** **COUNTRY** **PROVINCE/STATE** **POSTAL/ZIP CODE** **COUNTRY**

Telephone: (Please include access codes if applicable)

| | | |
|---|---|---|
| Home: <input type="text"/> Business: <input type="text"/> Cell Phone: <input type="text"/> | | |
| ACCESS CODE <input type="text"/> AREA CODE <input type="text"/> TELEPHONE NUMBER <input type="text"/> | ACCESS CODE <input type="text"/> AREA CODE <input type="text"/> TELEPHONE NUMBER <input type="text"/> | ACCESS CODE <input type="text"/> AREA CODE <input type="text"/> TELEPHONE NUMBER <input type="text"/> |

Fax: (Please include access codes if applicable)

| | | |
|--|---|---------------------------------------|
| Home: <input type="text"/> Business: <input type="text"/> Email Address: <input type="text"/> | | |
| ACCESS CODE <input type="text"/> AREA CODE <input type="text"/> TELEPHONE NUMBER <input type="text"/> | ACCESS CODE <input type="text"/> AREA CODE <input type="text"/> TELEPHONE NUMBER <input type="text"/> | WEBSITE ADDRESS: <input type="text"/> |

Please notify the Treasurer if you do not wish your name to appear as part of the WCWA membership list in the Traveller newsletter.

Annual Membership is \$45; Family Membership is \$65. Please send your completed WCWA application, with cheque or money order to Debra Johnson, Treasurer at:

7509 Black Road, Salmon Arm, BC V1E 2P7 CANADA

or e-tsf to: Wheelwright.Assoc.Treas@gmail.com