

# MEMBERSHIP APPLICATION

NAME

ADDRESS

CITY / PROV / POSTAL CODE

PHONE NUMBER

E-MAIL ADDRESS

\$25.00 Annual Membership

Donate other amount: \_\_\_\_\_

VISA     MCard     Amex

CARD NUMBER

EXPIRY \_\_\_\_\_ CVV \_\_\_\_\_

SIGNATURE



Dan's Legacy  
311 - 815 5th Avenue  
New Westminster, BC  
V3M 1Y1



MEMBERSHIP