

Rd to Craft house Dec 22/95

MEMBERSHIP APPLICATION FORM

PLEASE CHECK

MEMBERSHIP APPLICATION

MEMBERSHIP RENEWAL

DONATION

CHANGE OF ADDRESS

MEMBERSHIP FEES:

INDIVIDUAL	\$47
FAMILY	\$62
STUDENT/SENIOR:	\$30
AFFILIATE	\$65
PATRON	\$150

METHOD OF PAYMENT

Visa MasterCard Cash Cheque (payable to CABC)

Card No. _____ Exp. date _____

Signature _____

Name SUSAN LOPATECKI

Address R.R. 4 S.106 C.30

City SUMMERLAND

Province B.C.

Postal code VOH1Z0

Craft description Textiles- surface design

Tel: (H) 604-494-1435

Tel: (W) _____ Fax: 604 494-1431

MAIL TO:

1386 CARTWRIGHT STREET
GRANVILLE ISLAND
VANCOUVER, B.C. V6H 3R8

I WOULD LIKE TO VOLUNTEER MY SERVICES.
PLEASE CONTACT ME.

MY DONATION OF \$ _____ IS ENCLOSED.
(Thank you. A tax receipt will be sent to you)