Membership Year **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Yes! I want to **BECOME A MEMBER** of the Lac La Biche Regional Humane Society & become part of the team working toward the humane treatment of animals in the Lac La Biche Region.

****Yes! I want to **RENEW** my membership with the Lac La Biche Regional Humane Society & continue to be part of the team working toward the humane treatment of the animals in the Lac La Biche Region.



|  |  |
| --- | --- |
| ***Membership privileges***  ***for the LLBRHS include:*** | * ***Various membership benefits from local business partners*** * ***Our annual Year in Review newsletter*** * ***Voting privileges at the Society’s Annual General Meeting*** *(excluding Junior members)* * ***A membership/benefits card*** * ***Corporate members will receive a certificate for display*** |

Would you like us to send you a receipt?  Yes  No

How do you prefer we correspond with you?  email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  Hard Copy

***email address***

I am enclosing a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cash  Cheque  Money Order

Optional: Enclosed is an additional donation of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Donations greater than $20.00 are TAX RECEIPT ELIGIBLE)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME:** |  | | | | |
| **ADDRESS:** |  | | | | |
| **City:** |  | **Province**: |  | **Postal Code:** |  |
| **Phone #:** |  |  |  |  | |

### Office Use Only:

Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_ Value $ \_\_\_\_\_\_\_\_\_\_\_\_

Membership Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New \_\_\_\_\_\_\_\_\_\_ Renewal \_\_\_\_\_\_\_\_\_\_\_

Please pay online or

mail completed form & payment to:

# **LLB Regional Humane Society**

PO Box 2033, Lac La Biche, AB T0A2C0

*(Charitable Registration No. 81750 2768 RR0001)*