



PHEASANTS FOREVER  
CALGARY

MEMBERSHIP APPLICATION

New  Renewal

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEMBERSHIP

- Membership \$35  
 I would like to pay by credit card  Visa  MasterCard  Amex

Number \_\_\_\_\_

Expiry \_\_\_\_\_

- Cheque enclosed

*Please mail completed application form along with payment to the address below, or, if paying by credit card you may fax it to (403) 995-9920, or call our office at (403)995-9960, toll free (888) 602-3777 (GST is included in the fee).*

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