

**BOREAL
CENTRE**
for Bird Conservation



Membership Application

Complete & send to the BCBC along with your payment.
PO Box 1076 Slave Lake, AB Canada T0G 2A0

PLEASE PRINT:

Name: _____

Address: _____

Postal / Zip Code: _____

Phone (with area code): _____

Email: _____

Payment Method: Cheque
 Credit Card

Credit Card No: _____

Expiry: _____ (mo) _____ (yr)

Signature: _____

REGULAR MEMBERSHIP:

Individual \$ 30 _____

Group \$ 60 _____

Please include me on your email list.

yes _____

no, not at this time _____

I understand the BCBC values my privacy. My information will only be used to update me on BCBC programs and services. It will not be shared with other organizations.

*Thank you for
your support!*

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