



Membership Application Form

Adult Membership\$24.00 per calendar year

Youth Membership (13-18).....\$ 0.00

Institutional/Corporate Membership.....\$ 72.00 per calendar year

Your name/Institution's name _____

Address _____

Amount enclosed _____

Date _____

Email Address _____

Telephone _____

Please mail your payment to: 32-577 Butterworth Way NW Edmonton, AB, Canada, T6R 2Y2 or by Internet transfer by emailing funds to membership@teslawave.org

CONTACT: email: info@teslawave.org telephone: 780 437 6305

www.teslawave.org

All members in good standing are invited to general meetings and to the AGM. Notifications and meeting announcements will be carried out by email.

For Office Use Only

Payment received: \$	Date Received	Term
----------------------	---------------	------

Membership Type	Adult ()	Youth ()	Institutional ()
-----------------	--------------	--------------	----------------------

Notes:

Membership Number	A ()	Y ()	I ()
-------------------	----------	----------	----------