



Membership Application Form

Adult Membership\$24.00 per calendar year
 Youth Membership (13-18).....\$ 12.00 per calendar year
 Institutional/Corporate Membership.....\$ 72.00 per calendar year

Your name/Institution's name _____

Address _____

Amount enclosed _____

Date _____

Email Address _____

Telephone _____

Please make payment by Internet Transfer by emailing funds to membership@teslawave.org
 For any other forms for payment, please email us for instructions.

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 ()