



# MEMBERSHIP APPLICATION

Please complete this application and mail/fax to:

Awo Taan Healing Lodge Society  
PO Box 6084, Station A  
Calgary, AB T2H 2L3  
Fax: 403-531-1977

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Membership fee received: \_\_\_\_\_

Minimum Requested = \$5. Tax Receipts will be issued for donations over \$20.00