



LUPUS NEWFOUNDLAND AND LABRADOR MEMBERSHIP APPLICATION

MEMBERSHIP YEAR 2005
JANUARY 1 – DECEMBER 31

Mr. _____ Mrs. _____ Ms. _____ Miss _____

First Name _____ Last Name _____

Mailing Address _____

Tel # (Res) _____ Tel # (Bus) _____ Fax # _____

E-Mail Address _____

Date _____ Membership Renewal _____ New Membership _____

Membership Fee (\$10.00) \$ _____

Donation \$ _____

TOTAL \$ _____

Please return this completed form to:

Lupus Newfoundland and Labrador
P O Box 8121, Stn "A"
St. John's, NL
A1B 3M9

Please make cheque or money order payable to Lupus Newfoundland and Labrador. Please do not send cash in the mail. Thank you for your continued support!!