

Membership Application

New Membership Renew Membership Gift Membership

Last Name _____ First Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number (Home) _____

Date of Birth (Month/Day/Year) _____

Contact for Illness (Name & Phone) _____

Submit Membership Fee and Application to the Address Below

**Mail to: Schubert Centre
3505-30th Avenue
Vernon, BC
V1T 2E6**
