

## **Membership Application**

*Name:				
*Mailing Address:				
*City:	*Province:	*Postal Code:		
*Phone:	*Email:			

\*Signing this document allows the Strathmore & District Agricultural Society to send you emails regarding dates for Special and Annual General Meetings, volunteer opportunities, event information and newsletters.

For volunteering opportunities please check out our website at strathmoreag.com Please fill in all above fields \*

🗌 1 year - \$5 Membership – Calendar Year

□ 5 year - \$20 Membership – Calendar Years

Any person shall be eligible for membership in the AG Society who:

1. Is eighteen (18) years of age or older, persons under the age of 18 may join as Associate Non-Voting members

2. Is interested in the objectives of the Strathmore & District Agricultural Society,

3. Resides in the Province of Alberta and is not a member of another Agricultural Society.

4. All Memberships expiry December 31.

By signing this membership application, I hereby acknowledge the terms of the membership eligibility above. I will abide by the bylaws, policies and procedures of the Strathmore & District Agricultural Society and authorize the use of my name, address, email and phone number for Agricultural Society purposes only.

*Signature:		Date:
Method of Payment:	Receipt number:	Exp: December 31, 20

Office: 122 Brent Blvd, Box 2085, Strathmore, AB T1P 1K1 Phone: 403.934.5811 Email: <u>info@strathmorestampede.com</u> Website: www.strathmorestampede.com