

## CVRA Membership Application

Name(s) \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_  same as last year

I allow the CVRA to include my email address in group emails.

One adult membership:                      \$25    x \_\_\_\_\_ = \_\_\_\_\_

Donation:                                      \_\_\_\_\_

**TOTAL:**                                        \_\_\_\_\_

*Please make cheques payable to: Columbia Valley Ratepayers Association  
Mail application form to: 1202 Kosikar Road, Lindell Beach, BC V2R 4X7*

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