

MEMBERSHIP APPLICATION FORM

JOIN OUR HEALTHY SOCIETY

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ PHONE: (_____) _____

E-MAIL: _____

The following are annual membership rates - you may pay for as many years as you wish

Individual Membership and Subscription	\$12.00 Enclosed	_____
Family Membership and Subscription	\$20.00 Enclosed	_____
Business Membership and Subscription	\$30.00 Enclosed	_____
Patron Membership and Subscription	\$100.00 or More	_____
Donations (\$10.00 or more will receive a tax deductible receipt)		_____
(Patrons are lifetime members)		
New _____	Renewal _____	Date: _____

Please send cheque or money order (no cash please) to:

HEALTHY HORIZONS, P.O. Box 444, Regina, SK S4P 3A2