

CAMRA BC Membership Application Form

Name: _____

Address: _____

Phone: (____) _____ E-mail _____

Enclosed is my cheque for: Individual \$25.00 _____
Joint \$40.00 _____
Corporate \$75.00 _____

Check:
 Renewing
 New member

Please mail this form and payment to:



CAMRA BC
Box 30101
Saanich Centre Postal Outlet
Victoria BC, V8X 5E1