

Membership Form



LASS

PO Box 54
Salmon Arm, BC V1E 4N2
(250) 463-4555
shuswapliteracy.ca

Literacy Alliance of the Shuswap Society

Name: _____

Address: _____

Email: _____

Phone: _____

Annual Membership Fee: \$ 1.00

Donation: \$ _____

Total Enclosed: \$ _____

Check if Yes

May we send you information by email?

Are you interested in volunteering?

If yes, which program/event? _____

For Office Use:

year: _____ Input: _____ Initials: _____