

LAPS MEMBERSHIP APPLICATION - Page 1 of 1

A. APPLICANT INFORMATION

First Name		Last Name	
Street Address			
City		Province	Postal Code
Home Phone	Cell Phone		Email Address

B. PAYMENT INFORMATION

Membership fee paid: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Debit			
Date - DD/MM/YYYY:	Received by (LAPS Staff / Board Member / Co-ordinator):	Maturity Date:	

C. SIGNATURES

I, _____, waive all rights, claims, demands, actions or causes of action that I may otherwise have against Langley Animal Protection Society ("LAPS") or its directors, officers or agents arising out of any injury or damage that I may suffer to my person and/or property, both real and personal, as a consequence of my having agreed to volunteer for LAPS.

Dated at Langley, British Columbia, this ____ day of _____, 20__.

Member Signature	Date - DD/MM/YYYY
Witness Signature	Date - DD/MM/YYYY

D. ADDITIONAL INFORMATION

Members receive newsletters, voting rights at annual AGM, advisement of board developments.

All memberships are valid for the calendar year for which purchased (Jan 1 - Dec 31)