

# Membership

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (B) \_\_\_\_\_

Email address: \_\_\_\_\_

Membership \$40 \_\_\_ Donation \$10 \_\_\_, \$25 \_\_\_, \$50 \_\_\_, \$100 \_\_\_, \$200 \_\_\_, \$500 \_\_\_, Other \_\_\_

*Please make check payable to:*

Family Resource Centre of Invermere, Box 2289, Invermere, B.C. V0A 1K0



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Family Resource Centre

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