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# MEMBERSHIP

Year: \_\_\_\_\_

Individual Membership (\$15.00)  Family Membership (\$25.00)

Name \_\_\_\_\_

Also: please consider  
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Amount  \$20  \$50  \$100  Other \_\_\_\_\_ Town/City \_\_\_\_\_ Prov: \_\_\_\_\_

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Please tell me how  
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