



Membership Purchase/Renewal Form

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE: _____

EMAIL: _____

1 year membership \$ _____ \$30 single \$40 family \$30 clinic (circle one)

_____ Cash _____ Cheque/money order - made payable to PALS

_____ MasterCard _____ Visa

Card Number: _____

Expiry Date: _____

Signature: _____

Memberships run from January to December of each year

**The PALS membership policy requires
that all visiting volunteers hold a current membership**

PALS Pet Access League Society
3019 - 21 Street N.E., Calgary, AB T2E 7T1 Fax: 250-9273