



BOX 928 - Melville, SK – S0A 2P0
 Tel. (306) 728-5053 - Toll Free: 1-877-816-6585
 Fax: (306) 728-3807

MEMBERSHIP APPLICATION

Select your appropriate membership category from the list below. Mark an X in the appropriate box.

General Membership: Cities, towns, villages, rural municipalities, first nations and regional parks

| Population breakdown | # of Votes entitled to: |
|-------------------------------------------|-------------------------|
| <input type="checkbox"/> 8001+ ----- | 5 votes |
| <input type="checkbox"/> 4001 – 8000----- | 4 votes |
| <input type="checkbox"/> 1501 – 4000----- | 3 votes |
| <input type="checkbox"/> 501 – 1500 ----- | 2 votes |
| <input type="checkbox"/> 1- 500 ----- | 1 vote |

SERVICE FEE – GENERAL MEMBERSHIP ----- \$25.00

(Payment entitles the General Members to receive “hard copy” mail-outs of funding initiatives, newsletter, Annual General Meeting, etc. Otherwise, this information can be access through our website – www.parklandvalley.ca)

Associate Membership: Constituted sport, culture, recreation organizations or special minority groups who are actively providing a sport, culture or recreation service for the residents within the district

----- n/a ----- 1 vote

Affiliate Membership: All residents of the organization who wish to contribute to or be associated with the organization - elementary, junior and senior high schools

----- n/a ----- Non-voting

Annual membership shall be a 12-month period beginning October 1, 2011 – September 30, 2012. Deadline for the Membership Application to be returned to the office: **October 31, 2011**. This will register your organization to vote at the 2012 Annual General Meeting.

Mail the completed Membership Application and return (with payment if selected) to the address at the top of the page.

 Please Print:

Membership Name: _____

Mailing Address: _____ # of Votes: _____

(Box number)

City/Town/Village: _____ Province: _____ Postal Code: _____

Contact Person: _____ Position: _____

Phone No.: _____ Fax No. _____ E-mail: _____

Alternate Contact Person: _____ Position: _____

Phone No.: _____ Fax No. _____ E-mail: _____

General Membership Service Fee Amount Enclosed (if selected): \$25.00 yes _____ no _____