



**2019/2020**  
***Membership Application/Renewal***

**Type of Membership**

___	Individual	Voting Member	\$5.00
___	Staff	Non-voting Member	\$5.00
___	Life	Voting Member	\$50.00

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

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

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

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Please forward payment along with this form to: **CDSCL**  
**Box 1820**  
**Creston BC V0B 1G0**