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and receive a charitable receipt for your Membership Donation

- Individual/Family \$30
 Organization \$50
 Student \$15
 Donation \$____
 Do you wish a charitable receipt?

Name _____
Affiliation _____
Address _____
City/Province/Postal Code _____
Phone _____ Email _____

Please make your cheque payable to:

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#88787 7819 RR0001

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