

MAILING LIST/MEMBERSHIP FORM

PLEASE PRINT CLEARLY

First name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ PC: _____

Daytime Phone: _____ Evening: _____

Best time to reach you: Daytime Evening

Email (necessary to receive e-newsletter):

Website: _____

I am not interested in membership at this time, but please put me on your mailing list so I can receive information about upcoming events.

I am interested in becoming a member, and will complete this form and send cheque or money order to:

City Stage New West
#801-1250 Quayside Drive, New Westminster, V3M 6E2

Membership fee: \$15

Donation: \$

Total: \$

Signature: _____ Date: _____

For office use only

Membership date: _____ Expiry date: _____

We respect your privacy and will not provide your contact information to others.

City Stage New West

www.citystagenewwest.org