



**Don't forget...
to purchase your annual PALS membership.
Please take a moment to complete this form and
return it to:**

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

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE: _____

1 year voting membership \$_____ (\$30 single, \$40 family, \$30 clinic)

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

_____ MasterCard Card Number: _____

_____ Visa Expiry Date: _____

Signature: _____

Charitable Registration # 10781 1879 RR0001

Thank you

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



