

## The Chapeau Agricultural Society Membership Application Form

Thank you for applying to become a member of the Chapeau Agricultural Society. Please provide us with the following information. We will not share this information unless you give us permission to do so.

The Society policy is not to share, sell or make available any membership information to any third party.

Date:						
Name:						
Mailing Address:						
Telephone:						
Email:						
		financial o	contribution to the S	Society as par	t of your Membership App	lication.
Areas of Volunteer	nterest:					
Public Event	S		Fundraising		Website	
Organization	ı Planning		Social Events		Membership	
Education			Governance		Other	
Comments						
Permission to share	the above	informa	ation	YES _	NO	
Signature:						

Please forward your completed Application Form and Annual Fee to the Society Treasurer, Mr. Louis Lair, Chapeau Agricultural Society, C.P./P.O. 176, Chapeau, QC, JOX 1M0, Canada