

Alberta Black Powder Association (ABPA)

Membership Application

Please Print:

Name: _____

Year of Birth _____ ABPA Members # _____

Date of Application _____

E-Mail for Newsletter: _____

Mailing Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

ADDITIONAL FAMILY MEMBERS:

Name: _____ Year of Birth _____

Name: _____ Year of Birth _____

Name: _____ Year of Birth _____

Name: _____ Year of Birth _____

Membership Fees (Expires Feb 28, of following year)

Membership Type **Circle One** Single Couple Family

Fee: \$ 30.00

New Members: How did you hear about ABPA?

Web Page Tradeshow Advertising Friends/Family

Other _____

Make cheque or Money Orders payable to ABPA and forward to

Ken Brown(ABPA)

113 Grand Avenue

Norglenwold, Alberta T4S 1S5

PLEASE NOTE: The information collected will be used to compile a membership list for ABPA Executive Only: information will not be shared.