

NEW OSPF Membership Application

Please *print* and complete this form

mail it to: OSPF
PO. Box 76040
Southgate Shopping Centre
Edmonton, AB. T6H 5Y7

*Enclose you cheque for \$20 made out to "OSPF"

NAME: _____

ADDRESS : _____

UNIT #: _____ CITY: _____

PROVINCE : _____ POSTAL CODE : _____

PH. # _____ - _____ EMAIL _____

Please Check: _____ Newsletter (email) _____ Event Notices

_____ I would like to volunteer to assist OSPF

Please list talents, skills or special interests you could help us with:

OSPF Annual Membership Fee: \$20 (Cdn.) per person

I would like to make a donation in support of OSPF - \$ _____

THANK YOU!

Your support and participation is very important to us at OSPF