

Cheque #
Date



Member Appreciation Application

Name: _____

Home Mailing Address: _____

Postal Code: _____

Home / Cell Telephone Number: _____

School: _____

Description of Claim (receipt(s) attached):

Date of Purchase(s): _____

Grand Total (CDN): \$_____

Signature: _____

Date: _____

Office Use Only:

The calculation for reimbursement is based on \$25/member according to membership registry numbers as of December 1st and February 28th.

_____ x \$25.00 = _____