

Brookville Community League Membership Form - \$10.00 Per Family

MEMBERSHIP FOR THE	YEAR OF:	
Name:		
Address:		
	Phone No.:	
Email Address:(ONLY if you want to be o	on our email distribution list for	Hall updates)
Number of Household F	amily Members:	_
Paid By: Cash	Cheque No.: E-Transfe	fer:
Interested in volunteeri	ng? Yes No	
Any ideas for Hall event	ts?	
MAIL TO: Brookville Cor 53203 Range Road 212	nmunity League DROP OF	PFF: With an Executive member at the Hall.
Ardrossan, AB T8G 2B5	EMAIL / E	E-TRANSFER: karenforbrookville@gmail.com