



Bow River Basin Council Membership Form

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

Membership Categoray (please select one)

☐ Individual Public

☐ Commercial/Industrial

☐ Municipal

☐ Licensee

☐ Non-Profit/Academia

☐ Regulatory/Administrative/First nations

Area(s) of Interest (e.g. Riparian Areas, Water Quality)



Voluntary Membership Fee

\$30_____

\$50_____

\$100_____

Other_____
(Please Specify)

Payment should be made by cheque, Visa or Mastercard payable to the Bow River Basin Council. A tax receipt will be issued for any donations. Bow River Basin Council Charitable Registration #86432 1526RR0001.

Signature:_____

Date:_____

Please mail cheque to:

**Bow River Basin Council
Calgary Water Centre
Mail Code #333
P.O. Box 2100 Station M
Calgary, AB T2P 2M5
Fax: 403.268.6931**