



P.O Box 668, North Battleford, SK
S9A 2Y9

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www.agsociety.com

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Membership Form: 2023-2024

Applicant Information:

In order to receive a membership this form must be completed.

Date: _____

Family (Last) Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email Address: _____

How many memberships are needed for the above address? _____

Please note that all information regarding Battlefords Agricultural Society will be forwarded to the above EMAIL address. If a member on the application form needs information directed to their email or mailing address, please provide that information next to their name provided below:

Please list first and last name for each card:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Each Membership is \$25.00 until January 31, 2024, thereafter *each membership is \$50.00*. Please make all cheques payable to Battlefords Agricultural Society

VISA# _____ Expiry Date: _____ CCV _____

M/C # _____ Expiry Date: _____ CCV _____

Cheque Enclosed – Please **DO NOT send cash in the mail!!!**

Signature: _____