

LABDARA FOUNDATION MEMBERSHIP APPLICATION FORM

Surname	Give	Given Name	
Ad	dress		_
City	Province	Postal Code	
Telephone	E-mail	E-mail address	
Please provide a brief summary of your	professional/education	al background, and/or sp	pecial interests.
Please comment on why you have chose	en to seek membership	in Labdara Foundation.	
The undersigned understands that there maregulations of Labdara Foundation and agre Labdara Foundation can publish and use per emailing communiqués, and filing with gove	es to be subject to all such rsonal information for inte	changes. The undersigned rnal purposes limited to th	d also agrees that
A membership fee to Labdara Foundation this application.	on payable by cheque in	the amount of \$100.00	must accompany
Signature of Applicant		Date	
Signature of Board Director		Date	