



LCDS Annual Membership Application

Name: _____
Address: _____
City: _____ **Postal Code:** _____
Telephone: _____ **Email:** _____

<input type="checkbox"/>	I want to renew/become a member of LCDS for \$5	\$5.00
<input type="checkbox"/>	I wish to make a donation to the LCDS Foundation in the amount of... <i>A charitable tax receipt for the full amount of your donation will be issued</i>	
	Total	

Cheque Enclosed

Please charge my credit card

Credit Card Information:

Visa

Mastercard

Card Number: _____

Expiry: _____

Signature _____

Please complete form and either:

1. Email to: administration@lcds.on.ca
or;
2. Mail to: LCDS
339 Centre Street
Petrolia ON N0N 1R0
or;
3. Contact the Administration Office directly at (519) 882-0933 to make your payment