

Membership Form

Date	
Name	
Address	
City/Town, Prov.	
Postal Code	
Phone	
Email Address	
	D.00 Annual Membership Fee (Tax receipt will be provided)
	I subscribe to receive periodic emails from Valour Canada to keep informed alour Canada's activities, memberships, upcoming events, and newsletters.
Yes	s! I want to assist Valour Canada's mission of:
_	"connecting Canadians to their military heritage"
	by making a tax-deductible donation of \$
Method of Payn	nent
Cheque pay	able to <i>Valour Canada</i> and mailed to:
	Valour Canada 1820 – 24 Street SW Calgary, AB T2T 0G6
Online – you	u are welcome to join directly from our website at: www.valourcanada.ca
Credit Card	# Expiry Date:
Name on ca	rd: 3-digit Security Code:
Please em	ail any questions to contact@valourcanada.ca. or call us at (403) 685-2660

Thank you for your support!

Revised 02/2019