



2019 AWMDA

Join or Renew your Alberta Whitetail and Mule Deer Association Membership Today!

Name: _____

Farm Name: _____

Address: _____ Town/City: _____

Province: _____ Postal Code: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____ Farm Number _____

Membership Type (Check the appropriate box)

- | | | |
|---|------------------|----------|
| <input type="checkbox"/> Full Membership (producer and voting member) | \$300 + GST= | \$315.00 |
| \$0.50 x _____ (Adults animals over 1 year of age as of January 1) | + | \$ _____ |
| | Total Membership | \$ _____ |
| <input type="checkbox"/> Associate Membership (non-voting member) | \$300 + GST= | \$315.00 |

Method of Payment

Total Amount Submitted: \$ _____

Cheque (made payable to the AWMDA) and send to:
C/O Box 591, Eckville, AB TOM 0X0 Phone (403) 748-4040

Credit Card (MasterCard and Visa accepted)

Card # _____ Expiry Date: _____ CCV _____

Full Name on Card _____ Authorizing Signature: _____

Together we will continue to be an impacting force within the domestic cervid industry!

Members are Your Associations' Greatest Asset

**Alberta White-tail & Mule Deer Association
Personal Information Sharing Release Form**

Due the regulations surrounding the Freedom of Information and Privacy Protection Act (FOIPP) the AWMDA is not allowed to publish members' names on the website or refer names of members when requests from interested buyers are received. In order to help our members secure new and additional market opportunities we request the following for be filled out, signed and returned.

Markets supplied

- Harvest buck market
- Venison
- Antlers
- Hides
- Tails, pizzles, organ meats
- Urine
- Breeding stock
- Semen
- Embryos
- Farm tours
- Other _____

Website listing

- I wish to have my farm name and contact information posted on the AWMDA website <http://albertadeer.com>

New members and producers

- I wish to have my name and contact information release to potential producers and interested parties.

Name: _____

Farm Name: _____

Address: _____

City: _____

Province: _____

Phone Number: _____

Email address: _____

Website address: _____

I hereby grant permission for the Alberta White-tail & Mule Deer Association to release my name and contact information for the aforementioned purposes. This authorization will remain in effect until revoked in writing.

Signature

Date

Name (please print)