



2024 AWMDA Membership

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 T0M 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!*