



# LABDARA FOUNDATION MEMBERSHIP APPLICATION FORM

Surname	<input type="text"/>	Given name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>
Telephone	<input type="text"/>	E-mail address	<input type="text"/>

Please provide a brief summary of your business/professional background, and/or special interests.

Please comment why you have chosen to seek membership in Labdara Foundation

The undersigned understands that there may be changes from time to time in the structure, by-laws, and rules and regulations of Labdara Foundation, and agrees to be subject to all such changes. The undersigned also agrees that Labdara Foundation can publish and use personal information for internal purposes limited to the membership list, emailing communiqués, and filing with government agencies as required under applicable laws.

A membership fee to Labdara Foundation payable by cheque in the amount of \$100.00 must accompany this application.

SIGNATURE OF APPLICANT..... DATE.....

Signature of Board Director .....