



LABDARA FOUNDATION

LABDARA FOUNDATION MEMBERSHIP APPLICATION FORM

Surname

Given Name

Address

City

Province

Postal Code

Telephone

E-mail address

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

Please comment on 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

Date