



MEMBERSHIP INFORMATION

SINGLE: \$20.00

FAMILY: \$25.00

(must be over 18 years of age to join)

NAME: _____

ADDRESS: _____

PHONE: _____ **CELL:** _____

EMAIL: _____

VOLUNTEER INFORMATION:

Would you like to volunteer:

Your interests:

Time commitment:

Mail the completed form and payment to: PTEM Box 768, Picture Butte, AB T0K 1V0