



The Robert Burns Association of North America Application for Membership

Membership type: Club ___ or Individual/Family ___ {enter 'Y' where appropriate}

Contact Name & Title: _____

If a Club/Organization: _____

Address: _____

City: _____ State/Province _____

Country: _____

Zip/Post Code: _____

Telephone: _____ e-mail: _____

Membership fee \$25.00 (US or Can.) enclosed: Yes ___ No ___ {enter 'Y' where appropriate}

Send application to: Mathew Hill, Secretary
10 Goldenrod Court SE
Medicine Hat, AB
Canada T1B 2S4

Tel: 604-765-9464
e-mail: mphil654@gmail.com



Note: this form can be filled out on your computer at the underlined areas.