



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 \$30.00 (US or Can.) enclosed: Yes ___ No ___ {enter 'Y' where appropriate}

Make checks payable to “**Robert Burns Association of North America**”
-or-

e-transfers from within Canada can be sent to: secretary@rbana.com

Send application to: **RBANA**

c/o Mathew Hill
32 – 298 Somerset Way SE
Medicine Hat AB
T1B 0E9 - Canada

Cell: 403-952-8599

e-mail: secretary@rbana.com

