

# CLS Guild Membership Form

I wish to become a member of the Concordia Lutheran Seminary Guild — Edmonton, AB.

Yearly membership fee is \$5.00 per person.

Name \_\_\_\_\_

Address \_\_\_\_\_

Province - Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Congregation \_\_\_\_\_

I enclose \$ \_\_\_\_\_ for membership\*

I enclose \$ \_\_\_\_\_ as a donation in order to extend our Guild's good work \*\*

**Forward to:**  
**Concordia Lutheran Seminary Guild**  
**7040 Ada Boulevard**  
**Edmonton, AB T5B 4E3**

\* not a charitable receipt.

\*\* a charitable receipt will be issued.

*PLEASE NOTE: membership fees are not a charitable receipt per Revenue Canada regulations. A charitable receipt for gifts will be issued*