

**St.Vital Agricultural Society**

**Membership Form**

( PLEASE USE ALL CAPITOL LETTERS EXCEPT EMAIL ADDRESS)

Name:

Address:

City:

Prov.

Postal Code:

Phone:

Cell:

Email:

Yearly membership is Adult: \$5.00  Junior (16 and under) \$3.00

Method of payment: Cash  Cheque  E-Transfer

Payment by e-transfer to be made by email to St.Vital Agricultural Society:

[svastreasurer2023@gmail.com](mailto:svastreasurer2023@gmail.com)

Membership questions can be directed to Val Johnson 204-253-0448 .

Privacy consent: Any personal information you provide will be for internal SVAS purposes only.  
This information is mainly used to communicate with the membership.

Check this box to indicate Acceptance of the Terms above.

Send the completed form to:

[svasmembership@gmail.com](mailto:svasmembership@gmail.com)

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For Office use only: Member #:

Date:

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**Membership Certificate**

This certifies that:

Name:

is a member of the

***St.Vital Agricultural Society***

For the Year :

Mem.#

Adult:

Junior:

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