



P.O. Box 23155, St. John's NL, A1B 4J9
Telephone: 709-726-2867 E-mail: anla@nf.aibn.com

MEMBERSHIP APPLICATION/RENEWAL FORM

Name: _____

** For Institutional Members, please use the **OFFICIAL** name of the Institution.**

Mailing Address: _____

Province/State: _____

Country: _____ **Postal Code:** _____

Telephone: _____ **Fax:** _____

E-Mail: _____

Website: _____

Federal electoral riding: _____

Provincial electoral district: _____

Type of membership: Institution _____ Individual _____

Institution contact person: _____

Type of archives [for institutional members only]:

- | | | |
|------------------------|----------------------------|------------------------|
| Government _____ | Religious _____ | Legal _____ |
| Municipal _____ | University/college _____ | Private _____ |
| Regional _____ | Service organization _____ | Heritage Society _____ |
| First Nations _____ | Business _____ | Other _____ |
| Community museum _____ | Medical _____ | |

Receipt required? Yes No

Membership fees:
\$25.00 per year
(April 1st - March 31st)