

Has your membership expired?

Name _____

Address _____

Postal Code _____

Phone number _____

Email address _____

Interests _____

Sign-up date _____

Family membership? Yes _____ No _____

Paid \$5.00 (Individual) _____ \$8.00 (family) _____

Please remit to FCA, 1923 Fernwood Road, Victoria, BC V8T 2Y6. Thank-you.