

2010 Svenskbyborna Society Membership Dues

Name(s): _____

Svenskbyborna family name: _____

Mailing address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Phone Number: _____

Email address: _____

Yes, I give my permission to print my contact information in a membership directory to be distributed to members only.

Enclose a cheque for \$25 by February 28, 2010 and mail to:

Svenskbyborna Cultural Society
c/o Deb Fetting
699 Deer Park Way SE
Calgary, AB T2J 5L8