**UKRAINIAN MUSEUM OF CANADA,**

**ALBERTA BRANCH**

**of the Ukrainian Women’s Association of Canada**

**ALBERTA BRANCH**

**10611 – 110 AVE NW, Edmonton AB T5H 1H7**

**Phone: 780-441-1062 | Email:** [**info@umcalberta.org**](mailto:info@umcalberta.org)

**Membership Application/Renewal Form**

**Thank-you for taking membership out with the Ukrainian Museum of Canada, Alberta Branch. The membership entitles you to entry and membership privileges in the Saskatchewan and Alberta Provincial Branches of the Ukrainian Museum of Canada. Membership is $20.00 per year ($10.00 will be forwarded to the Ukrainian Museum of Canada in Saskatoon).**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for year(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like to volunteer: Y / N**

**Signature:**

