

CVTRA MEMBERSHIP REGISTRATION FORM

Please complete form and mail with payment to:

County of Vermilion River Taxpayers Association
P.O. Box 1848
Lloydminster, AB/SK
S9V 1N4
www.cvr taxpayers.org
Email: cvrtaxpayers@gmail.com

Name _____ or _____

Individual

Company or Business

If Company/Business, appointed representative _____

Member Location of Record (address) _____

Contact Numbers Phone (home) _____ Business _____

Cell _____ Email _____ Fax _____

Date _____ Signature _____

*****This information is being collected for the sole use of CVTRA and will not be shared***

Office Information:

___ New Membership ___ Renewal Payment by ___ Cash ___ Cheque# ___ Date _____