



Aspen Foundation

for Labour Education

Membership Form

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

E-mail _____

Annual Individual Membership Fee

\$10

I will give an additional contribution of

\$250

\$100

\$ 50

Other \$ _____

Annual Institutional Membership Fee

	Regular
Small	<input type="checkbox"/> \$ 50
Medium	<input type="checkbox"/> \$250
Large	<input type="checkbox"/> \$500

We will give an additional contribution of:

\$5000 \$2500 \$1000 \$500

Other \$ _____

Total enclosed \$ _____

Send donations to the address below: