



Sechelt Electors Association (SEA)

MEMBERSHIP FORM

Name: _____ Date: _____/05

Address: _____ Postal Code: _____

Phone No. _____ Email: _____

(If you have one, be sure and fill this in)

I may be able to help **SEA** especially with:

_____ Resident or Property Owner? _____ Non Resident Supporter?

Signature: **(REQUIRED)** _____

- | |
|---------------------------------------|
| <input type="checkbox"/> Record |
| <input type="checkbox"/> Web List |
| <input type="checkbox"/> Outlook List |