



LADYSMITH
MARITIME
SOCIETY

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LMS MEMBERSHIP APPLICATION

New Members must be approved by the Board of Directors

NAME

LMS # _____

NAME

FAMILY membership, please indicate names & ages of children under 19

MAILING ADDRESS including Postal Code

Best Phone #

Alternate Phone #s

e-mail (1)

e-mail (2)

I grant permission for LMS to publish my information in its annual roster. Yes No

Participation level (please select one) Membership only Volunteer only
 Membership & Volunteer

ANNUAL DUES ~ Single \$20 ~ Couple \$35 ~ Family \$50 ~ Youth (<19) \$5

FOR OFFICE USE	Date Paid	Amount Paid	CASH CARD CHQ # EFT #
POS Receipt #	Approved (date & signature)		
MMS payment	Volunteer	Other	Letter & card sent