OFFICE USE ONLY
EXPIRY:
Membership #:
PAID \$10.00:

Fairy Tales Presentation Society



Fairy Tales Presentation Society - Membership Form

□ New Member \$10 □ Renewing Member	er \$10 Date of Application:
First & Last Name:	
Address:	
City: Province:	Postal Code:
Email Address:	
Phone - Home: We	ork: Cell:
☐ YES! I would like to receive email update	es on Fairy Tales throughout the year.
FAIRY TALES QUEER VIDEO LIBRARY A	CCESS (ID REQUIRED)
☐ YES! I would like to rent amazing films, o	locumentaries, shorts and TV Programs
Driver's Licence # or Provincial ID # (for pro	oof of ID ONLY):
hereby agree to the policies in place to protect the library and other members with respect.	ct the library and to return my rentals in a timely manner, treating
Print Name:	Signature:

Send this form with cash or cheque to: Fairy Tales Presentation Society #319, 223 - 12th Ave. SW Calgary, AB T2R 0G9