

I, _____ of
NAME FOR SHARE CERTIFICATE (please print CLEARLY)

Address **City** **Postal Code**

Telephone Number (Residence) **Telephone Number (Other)**

Email Address

wish to apply for one (1) share in the **WESTERNER EXPOSITION ASSOCIATION** at a cost of ten (\$10.00) dollars. My principal place of residence is within the Province of Alberta. I hereby agree that, in the event that I cease to have my principal place of residence in the Province of Alberta, I will surrender my share to the Association. Please find enclosed my payment in the amount of ten (\$10.00) dollars. (Cheques are payable to the **WESTERNER EXPOSITION ASSOCIATION**.)

_____ Application Date: _____

SIGNATURE of APPLICANT

OTHER INFORMATION (Must be completed before application will be processed.)

Person recommending you as a shareholder: _____

(Please Print Name)

(Signature)

<i>OFFICE USE ONLY</i>	<i>DATE</i>
PAYMENT - \$10.00 Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	RECEIPT # _____
DATE APPROVED BY BOARD	
SHARE CERTIFICATE #	
DATE CONFIRMATION SENT	
ENTERED INTO DATABASE	