



# Member Application

Ph. 403.746.2353 Fax. 403.746.3322 Toll Free. 1.888.788.2353  
Box 518, Eckville Alberta, T0M0X0

## Member Information

Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Membership Payment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Land/Location Information

Land Location: \_\_\_\_\_ ¼ Section \_\_\_\_\_ TWSHP \_\_\_\_\_ Range \_\_\_\_\_ West \_\_\_\_\_

Owner \_\_\_\_\_ Renter \_\_\_\_\_, Landlord/Phone: \_\_\_\_\_ / \_\_\_\_\_

Gate Address: \_\_\_\_\_

Directions/Tank Location: \_\_\_\_\_

\_\_\_\_\_

## Tank/Rental Information

Tank Size: \_\_\_\_\_ Serial #: \_\_\_\_\_ Unit #: \_\_\_\_\_ @ \_\_\_\_\_ %

Blindman Valley Co-op Rental: YES NO If Yes, Lease #: \_\_\_\_\_

Blindman Valley work order notification/instruction: \_\_\_\_\_

\_\_\_\_\_

Usage: \_\_\_\_\_

**Credit References**

Alberta Drivers License #: \_\_\_\_\_

Credit Card:            Mastercard            Visa

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_

Special Instructions: \_\_\_\_\_

Trucker: \_\_\_\_\_ Work Order: \_\_\_\_\_

Plumbing Permit # (Copy for file): \_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership  
Received by: \_\_\_\_\_