



Indigo Spirit of Awareness Society

Membership Application

Name: _____

Address: _____

City: _____

Province: _____ **Postal Code:** _____

Phone: _____

Cell: _____

Fax: _____

Email: _____

Membership Fee: \$12

Paid by: Cheque _____ Money Order _____

Date: _____

Please send completed form with \$12 to:

**Indigo Spirit of Awareness Society
#101 – 266 Lawrence Avenue
Kelowna BC V1Y 6L3**