

EIMSNS

MEMBERSHIP FORM

(Please print clearly)

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

TELEPHONE: _____

CELL PHONE: _____

eMAIL: _____

Please mail this form to:

**Edmonton Immigrant Men
Support Network Society
6819 - 119 Avenue
Edmonton, AB T5B 4L9**

Annual Membership is \$20.

*Please include cheque made out to
"EIMSNS" with this form, thanks!*

