

SIGNATURE (required):

FULL MEMBERSHIP APPLICATION

COMP	ANY NAME:				
	(what you wish to appear on me	embership certific	ate)		
CONTA	CT PERSON:				•
	SALON/SHIPPING ADDRESS:	ВІ	LLING ADDRESS (IF	- DIFFERENT):
DRESS:		ADDRESS:			
Y :		CITY:			
OVINCE:	POSTAL CODE:	PROVINCE:	POSTAL C	CODE:	
ON PH:		PHONE:			
AT SERVICI	ES DO YOU OFFER? $\ \ \square$ UV Tanning, $\ \ \ \square$ Spra	ay Tanning,	☐ Spa Services		
E-MAIL ADDR		low did you hear a CTA?	about the		
WEBSITE ADI or Google+/Fa		it was a distribut he rep's name?	or, what was		
J □ Unde □ 5 to	embership (Salon membership – One membership CTA ONLY MEMBERSHIP - Please select the mer er 5 pieces of Tanning Equipment – incl \$44.00 to fund re 10 pieces of Tanning Equipment – incl \$94.00 to fund re	mber level by on esearch and ad search and adv	checking the approp vocacy of the benefits ocacy of the benefits	riate box s of UV light of UV light	\$1 \$2
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THANK YOU FOR YOUR SUPPORT
For Further Information Contact Steve Gilroy, Executive Director
1951 Abel Street, Kelowna BC, V1Z 3C6 Email: info@TanCanada.org, PH: 800.915.0367 Fax 250-769-4748