

G.W.L.A. Membership Application

Owner: _____

Name of manager: _____

Mailing address: _____

City: _____

Postal Code: _____

Phone numbers: _____

Home: _____

Office: _____

Fax: _____

Email: _____

MEMBERSHIP FEE \$300.00 + HST

GWLA HST NUMBER: 772063079RT0001

Referred by: _____

How did you hear about us? _____

Mailing address:

35 Harvard Road
P.O. Box 21022
Campus Drug Mart Ltd.
Guelph, Ontario
N1G 4T3

Phone number: 519-826-6000

GWLA email: gwla@rogers.com

Website: www.gwla.ca