



P.O. BOX 2187, STONY PLAIN, ALBERTA T7Z 1X7  
TELEPHONE (780) 963-3311 FAX (780) 963-3332  
E-MAIL: admin@westparklandgas.com

**APPLICATION FOR MEMBERSHIP AND NATURAL GAS SERVICE**

I/We \_\_\_\_\_ Date \_\_\_\_\_

Mail Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail: \_\_\_\_\_ Emergency \_\_\_\_\_

New Contract Cost \$ \_\_\_\_\_

U.R.W. Registration \$ \_\_\_\_\_

Developers Prepayment \$ \_\_\_\_\_

Transfer Fee \$ \_\_\_\_\_ from prior member to me/us.

Membership Fee \$ \_\_\_\_\_

G.S.T. \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**To pay in full at time of application** \$ \_\_\_\_\_

In the event that I/We no longer hold title to the property in the West Parkland Gas Co-op Ltd. franchise area, I/We agree to forfeit the \$1.00 membership fee.

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Plan Number \_\_\_\_\_

\_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W \_\_\_\_\_ Meridian

Voting Member x \_\_\_\_\_ Witness \_\_\_\_\_

Member x \_\_\_\_\_