



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 _____