



# Labrador Southeast Coastal Action Program Inc. Membership Application

Please complete form and return to: **Labrador Southeast Coastal Action Program Inc.**  
**P.O. Box 189, 3 Penney's Lane**  
**Port Hope Simpson, NL**  
**A0K 4E0**

**Phone: 1-709-960-1010**  
**Fax to 1-709-960-1012**  
**Email: lscap@nf.aibn.com**

## Membership Type:

*(Indicate type of membership by checking the square)*

- Individual Membership** shall be available to all persons residing in Southeastern Labrador Region.
- Business/Corporation Membership** shall be available to all business entities whose interests or activities are within or are affected by the Project Area.
- Organizational Membership** shall be available to generally recognized groups and institutions whose interests or activities are within or are affected by the Project Area.
- Institutional Membership** shall be available to all Municipal Governments, Local Service Districts, Corporations, Commission and Entities representing general business, science, education and recreation interests whose interests or activities are within or are affected by the Projected Area.

Name of Voting Member: \_\_\_\_\_

Business/Corp. /Org. /Inst.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_ being desirous of becoming a member of the LABRADOR SOUTHEAST COASTAL ACTION PROGRAM INC. hereby apply to be admitted as a member thereof subject to the provisions of the By-Laws of the LSCAP.

Date at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

Signature: \_\_\_\_\_