

## Membership Application

Instructions:

Please complete this application in full, (there are 2 pages) then mail to:  
Glasshouse Capacity Services Society  
107-131 Water Street.  
Vancouver. BC. V6B 4M3

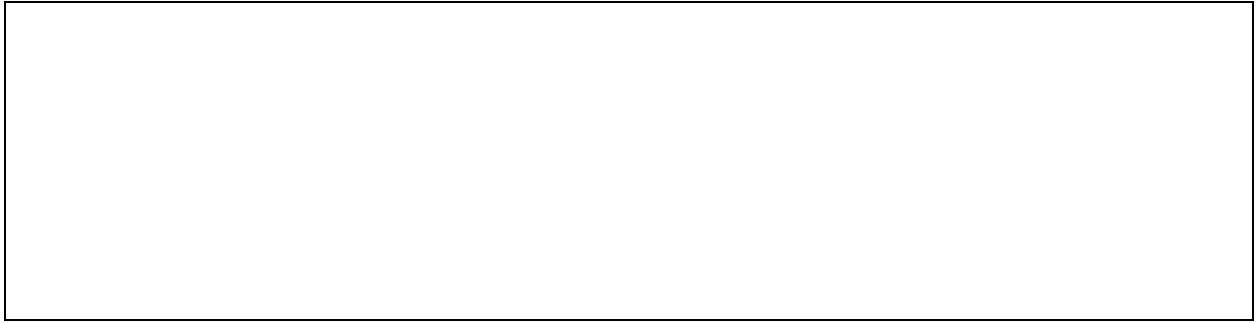
Full Name (firstname, lastname)	
Full Mailing Address	
Email Address	
Phone number	

Why do you want to be a part of Glasshouse?

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Glasshouse Capacity Services Society  
107 - 131 Water Street, Vancouver, BC V6B 4M3

What skills and connections do you bring that will be advantageous to Glasshouse?

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the question above.