

Membership Application 2024

Primary Applicant Name				
For Family Membership, please comma separated family member's names:				
Address				
Postal Code				
Membership to St. Huberto Individual (\$90):		•	•	lity coverage)
Associate Membership to s (Does not include any insu Individual (\$55):	rance coverage.	Please provide pi		
 10% discount on Mar 50% off replacement A voice in the progre Manitoba Wildlife Fe Insurance Coverage \$3 Million Prima \$10,000 Blanket 	k's Work Warehous Hunters Safety carc ssive management of deration sticker Included in your Me ry Personal Liability Accident Insurance eceives your memb	e ls of Manitoba's natu embership: Insurance Coverag Specifically design		
Please mail your application & cheque to:		St Hubertus (1767 Hekla A Winnipeg, M R2R 0K3	-	on Mem2023 v1.2

Mem2023 v1.2