Alexandra Centre Society
922 Ninth Avenue SE
Calgary, Alberta
T2G 0S4

MEMBERSHIP FORM

MEMBER NO. _____

NAME _____

ADDRESS _____

_____ PHONE DAY _____

POSTAL CODE _____ PHONE EVE. _____

FAMILY MEMBERS:

NAME _____ (Age if Child)

NAME _____ (Age if Child)

NAME _____ (Age if Child)

NAME _____ (Age if Child)

NAME _____ (Age if Child)

NAME _____ (Age if Child)

ARE YOU INTERESTED IN VOLUNTEERING FOR THE SOCIETY?

YES NO AT A LATER DATE

HOW MUCH TIME CAN YOU GIVE? _____ WHEN? _____

SIGNATURE _____

A HERITAGE OF PEOPLE MEETING PEOPLE