



## Affiliate Membership Application Form

<b>Company/Organization Name:</b>	_____
<b>Mailing Address:</b>	_____ _____ _____ City: _____ Province: _____ Postal Code: _____
<b>Telephone &amp; Fax</b> (please include area code):	Tel: (    ) _____ Fax: (    ) _____
<b>Contact Information:</b>	Name: _____ Title: _____ Direct Line: (    ) _____ E-mail Address: _____ Web site: _____
<b>Membership Effective Date:</b> <i>Effective date will be the first of each month and can be pro-rated to acceptance date</i>	_____ / _____ / _____ mm / dd / yyyy
<b>I have read, understand and comply with the eligibility requirements of the membership:</b>	Signature: _____ Date: _____

**Please mail or fax form to:** AUMA, Attention: Membership, 10507 Saskatchewan Drive, Edmonton, AB, T6E 4S1 Fax: (780) 433-4454 or complete the form online: [www.auma.ca](http://www.auma.ca)

You will receive an invoice for \$625.00 plus GST (total \$656.25) for your annual Affiliate membership. Please make cheque payable to The Alberta Urban Municipalities Association.

*If faxing this form or mailing it without a cheque, once the application has been processed, you will be mailed an invoice for the annual Affiliate membership fee.*

**For Office Use Only:**      **Approval** \_\_\_\_\_      **Date:** \_\_\_\_\_