



2011 Affiliate Membership Application Form

Company/Organization Name:	_____
Mailing Address:	_____ _____ _____ City: _____ Province: _____ Postal Code: _____
Telephone & Fax <i>(please include area code):</i>	Tel: () _____ Fax: () _____
Contact Information:	Name: _____ Title: _____ Direct Line: () _____ E-mail Address: _____ Web site: _____
Membership Effective Date: <i>Effective date will be the first of each month and can be pro-rated to acceptance date</i>	_____ / _____ / _____ mm / dd / yyyy
I have read, understand and comply with the eligibility requirements of the membership:	Signature: _____ Date: _____
<p>Please mail or fax form to: AUMA, Attention: Membership, 300-8616 51 Avenue, Edmonton, AB, T6E 6E6 Fax: (780) 433-4454 or complete the form online: www.auma.ca</p> <p>You will receive an invoice for \$700.00 plus GST (total \$735.00) for your annual Affiliate membership. Please make cheque payable to The Alberta Urban Municipalities Association.</p> <p><i>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.</i></p>	
For Office Use Only:	Approval _____ Date: _____