

	Date
Received by Membership Secretary	
Committee heads notified	

Southern Alberta Pioneers' and Their Descendants APPLICATION FOR ASSOCIATE MEMBERSHIP

Eligibility:

An Associate member of the Southern Alberta Pioneers' and Their Descendants is a person who is married to, or a partner of, a Descendant member in good standing or is a widow or widower of a Descendant member.

Applicant Name: _____
(Please print full name)

Address: _____ City: _____ Prov/State: _____ PC/Zip: _____

Telephone: _____ Email: _____

Date of Birth: _____, _____, _____ (Day, Month, Year)

I, _____ am the _____
(Applicant Name) (partner, spouse, widow or widower)
of _____
(Name of Descendant member)

I hereby make application for Associate Membership in THE SOUTHERN ALBERTA PIONEERS' AND THEIR DESCENDANTS.

(Signature)

Approved: _____, _____
(Date) (Membership Secretary signature)

Approved: _____, _____
(Date) (President signature)

Fees:

An initial fee of \$40 must accompany the application. An annual fee of \$40 must be **paid by Jan 1st** of each year.

Cheque can be made out to: Southern Alberta Pioneers' and Their Descendants or "SAPD"
Mail form and cheque to: 3625 4 Street SW Calgary AB T2S 1Y3
OR
Use Interac e-Transfer to: membership@pioneersalberta.org
(add full applicant name in message, to match the application form with fee payment)
Email scan of form to: membership@pioneersalberta.org

Volunteer Opportunities:

Please check all the committees you may be interested in.

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Historical & Educational | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Public Relations & Communications | <input type="checkbox"/> Building | <input type="checkbox"/> Social |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Records Management | |
| <input type="checkbox"/> Other _____ | | |