APPLICATION FOR MEMBERSHIP (ASSOCIATE & CONSULTANT)

I (we) hereby make Application for Membership in the ALBERTA SAND AND GRAVEL ASSOCIATION.

Name of Company_____

Address_____Postal Code_____

Telephone_____ Fax_____

Email Address _____

Person to whom correspondence should be addressed_____

We operate in Alberta as one of the following:

- ❑ Manufacturer
- ❑ Supplier - Equipment
- ❑ Consultant
- ❑ Testing

YEARLY MEMBERSHIP FEE: $400.00 + GST
TOTAL: $420.00

I (we) herewith tender the Membership Fee of the Association and agree to pay fees as required to maintain Membership.

Payment: (please circle one)

Visa MasterCard Cheque

Credit Card No.: _____ Name on Card:_____

Expiry Date: _____ Signature: _____

Cheques should be made payable to the ALBERTA SAND AND GRAVEL ASSOCIATION and mailed to:

Suite 204, 9622 42 Avenue NW, EDMONTON ALBERTA, T6E 5Y4

DATED THIS _____ DAY OF _____, A.D. 20 _____.

_____ _____
COMPANY SIGNATURE

Application approved by the Executive Director of this Association this _____ day of _____, 20 ____.

_____
EXECUTIVE DIRECTOR