



APPLICATION FOR MEMBERSHIP (County & Municipal District)

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

Name of County or M.D. _____

Address _____ Postal Code _____

Telephone _____ Fax _____

Email Address _____

Person to whom correspondence should be addressed _____

YEARLY MEMBERSHIP FEE: \$400.00 (Payment Form Attached)

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

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

County/ M.D.

SIGNATURE

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

EXECUTIVE DIRECTOR



PAYMENT INFORMATION

Name of County/ M.D. _____

YEARLY MEMBERSHIP FEE: \$325.00

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

Suite 204, 9622 42 Avenue NW, EDMONTON ALBERTA, T6E 5Y4
Phone: (780) 435 2844 | Fax: (780) 435 2044