

Calgary Balloon Club Membership Application

Membership Year is from January 1 to December 31

Name: _____
Surname First

Address: _____
Postal Code: _____

Email Address: _____

Phone – Home: _____ Cell: _____



It is the intention of the Club:

- to use the information to contact you about Club activities
- to provide a Membership Roster and Email list for Club members
- to use the information for Club purposes
- for you to have access to your information
- to respect your privacy

*** I give permission to have my contact information included on the Membership Roster and/or Email list to be distributed to the members of the Calgary Balloon Club.**

Circle One YES NO

<u>Membership Class</u>	<u>Rate</u>	<u>Amount Enclosed</u>
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Active	\$ 45.00/year	_____
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Family of Active Member	\$ 15.00/year	_____
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Name(s) of Family Members applied for: _____

Family Member's Email Address: _____ Phone: _____

Total Enclosed: \$ _____

Date : _____

Signature : _____

Please Make Cheque Payable to : **The Calgary Balloon Club**
c/o 5639 Maidstone Cres N.E.
Calgary, Alberta T2A 4C3

For "E-Transfer" please contact the Club's Treasurer