

Calgary Balloon Club Membership Application

Membership Year is from January 1 to December 31



Name: _____
 Surname First

Address: _____
 Postal Code: _____

Email Address: _____

Phone - Home: _____ Phone - 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>
Active	\$45/year	\$
Family of Active Member	\$15/year	\$
Name(s) of Family Members applied for		
Family member's email address, phone		
Total Enclosed	\$ _____	

Please make **cheque** payable to:
 'The Calgary Balloon Club
 c/o 5639 Maidstone Cres NE
 Calgary, Alberta T2A 4C3

Send completed membership application to
calgaryballoonclub@gmail.com
 For **e-transfer**, please send to Dirk,
 Club Treasurer at luxen@shaw.ca