



MEMBERSHIP APPLICATION

Organization's / Individual's Name:

Address:

Phone/Fax Numbers:

Email/Website Address:

Representative of Organization for current year:

Please indicate the type of membership desired for current year:

- | | | | |
|-----------|--|-------|--|
| A. | Individual
\$10.00 | _____ | Open to Edmontonians with a personal or professional interest in adult non-credit education
(One vote at the AGM) |
| B. | Organizational
\$ 25.00 | _____ | Open to companies, groups, agencies, institutions, associations and societies who actively provide Non-credit learning opportunities to adult Edmontonians
(One vote at the AGM) |

Please make cheque payable to **ECALA** and remit to:

ECALA Memberships
#103, 4207-98 Street N.W
Edmonton, Alberta
T6E 5R7