



## MEMBERSHIP APPLICATION

Organization Name:

Address:

Phone:

Fax:

Email:

Website:

Representative of Organization for current year:

**Organizational Membership**  
**\$ 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**  
103-4207 98 ST NW  
Edmonton, AB T6E 5R7