



New Membership Form

Associate

Organization Name*:

Contact Given Name*: Contact Surname:

Phone #1*: () Phone #2*: () Fax: ()

Website*: Email:

*Can this information be released to interested participants? Yes No Contact's Title:

Address: City: Postal Code:

Sports offered:

Demographic served:

- Female Recreational Elite Youth Senior
- Male Competitive Children Adult Disabled Programs

What issues affect your organization currently?

What can ESC do to assist you?

Is there a major issue / initiative / project that the ESC should pursue or investigate?

How could / should the ESC benefit the entire Edmonton sport community and still offer exclusive member benefits? What should exclusive membership benefits include?

Group Membership Fee \$50.00

I have enclosed a cheque payable to Edmonton Sport Council OR

Please charge my credit card VISA Mastercard

Card #: Expiry Date:

Cardholder: Signature:

A receipt and confirmation letter will be mailed to you after your membership application has been processed. We value your privacy. Except as authorized, contact information will be kept confidential within the Edmonton Sport Council.

Mail your completed application form to:
Edmonton Sport Council
P.O. Box 637 Station Main
Edmonton, AB T5J 2K8
Ph: (780) 497 7678 Fax: (780) 426 3634