



New Membership Form

Group

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?

Membership Fee \$75.00

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
#354 10113 104 Street
Edmonton, AB T5J 1A1
Ph: (780) 497 7678 Fax: (780) 426 3634