



Associate Membership Form

New

Organization Name*:

Contact Given Name*:

Contact Surname:

Phone #1*:

Phone #2*:

Fax:

Email Address:

Do you wish to receive the ESC enews?

Website*:

*Can this information be released to interested participants? Yes No

Contact's Title:

Address:

City:

Postal Code:

Does your organization wish to be listed as an ESC member on www.edmontonsport.com?

In which sector do you provide direct services to Edmontonians?

Sport

Active Recreation

Dance

Fitness

Other (please describe):

What issues affect your organization currently?

What can ESC do to assist you?

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.

Date:	
Receipt Number:	
Membership Quarter:	
Cheque or authorization number:	
Processor:	

Mail your completed application form to:
Edmonton Sport Council
Prince of Wales Armouries Heritage Centre
2nd Floor, 10440 – 108 Avenue N.W.
Edmonton, Alberta T5H 3Z9
Ph: (780) 497 7678 Fax: (780) 426 3634