

**FACILITY MEMBERSHIP  
APPLICATION FORM**



Recreation Facility Personnel is now offering single Facility Memberships for a pilot period of five years. It is available to public and private recreation facilities. This allows five facility staff to become members for one year for the price of \$307.00 and additional facility memberships in increments of \$307.00 for each group of five staff. Once the five staff members are identified, the memberships are non-transferable during the one year membership. This will allow those staff members identified to participate in R.F.P.'s courses and conference as a Member. At the time of application, all five memberships do not have to be assigned, however, those added at a later date will have to go under the original membership date. This membership only allows one copy of any mailouts (i.e. Leisure Lines newsletter, Calendar, etc.) to be sent to the Facility identified.

Please complete the information below and have the Facility Manager or Recreation Director sign. Then forward this form to R.F.P. with a cheque in the amount of \$307.00. The membership will start on the date the cheque is received in the Office.

**Facility Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_ *(for mailing purposes)*

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** *(if applicable)* \_\_\_\_\_

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**FACILITY STAFF NAME:**

**JOB TITLE:**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

I verify that the above information is correct and understand that the names cannot be changed during the one year membership.

\_\_\_\_\_  
Facility Manager/Recreation Director

\_\_\_\_\_  
Date

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**Mail to: P.O. Box 100, Cochrane, AB T4C 1A4**