



INDIVIDUAL MEMBERSHIP APPLICATION FORM

Name: _____

Employer Name: _____

Please enter the mailing address you want all correspondence to go to. Check whether the address you are providing is your Home or Work address.

Home Work

Address: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone: _____ Home Phone: _____

Fax: _____ Email: _____

Job Title: _____

Facility Name: _____

Facility Address: _____

➤ Individual Membership \$80.00/year (2010)

Method of Payment: *Please check one*

Mailed in Cheque Purchase Order MasterCard VISA

Please call the Office (1-888-253-7544) with Credit Card information.

Purchase Order No. _____

If using a Purchase Order, the invoice will be sent from AARFP office to the address listed above.

ALBERTA RECREATION FACILITY PERSONNEL

P.O. Box 100, Cochrane, AB T4V 1A4

Phone: (403) 851-7626 Toll Free: 1-888-253-7544 Fax: (403) 851-9181 Email: office@aarfp.com