

## Individual Friend Application

5-years: fee - \$5 or donation \$ \_\_\_\_\_

Date: \_\_\_\_\_

**REGISTRATION INFORMATION:** Please fill in the appropriate area below

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Fax: \_\_\_\_\_

Phone (evening): \_\_\_\_\_

Email: \_\_\_\_\_

Key interests: \_\_\_\_\_

Synergy group affiliation (optional): \_\_\_\_\_

Preferred method of communication? (please check one)

Regular mail  Email

Phone  Fax

I authorize Synergy Alberta to contact me by any of the above means of communication for (check all that apply):

Synergy Alberta email news and event listings  E-newsletters  Volunteer opportunities

Hard copy notices of events, resources, and other announcements  Synergy Alberta member surveys

I support the Fundamental Principles of Synergy Alberta.

**Signature**

Method of Payment:

Cheque

VISA

MasterCard

Credit Card Number \_\_\_\_\_

Exp. Date. \_\_\_\_\_

*Please make cheques payable to Synergy Alberta*