

Membership (Synergy Group) Application

Annual Fee: \$50.00

Date: _____

REGISTRATION INFORMATION: Please fill in the appropriate area below

Group's name: _____

Address: _____ City/Town: _____
 Postal Code: _____ Group's Acronym _____
 Email: _____
 Web page: _____

Contact name: _____

Address: _____ City: _____
 Postal Code: _____
 Phone (day): _____ Fax: _____
 Email: _____

Alternate Contact: _____

Phone (day): _____
 Email: _____

Key interests and activities of your group: _____

Please define boundaries—township, range, etc.)

North _____ South _____
 East _____ West _____

Status (check all that apply):

Association Corporation Foundation
 Society Not-for-profit Registered Charity

Preferred method of communication? (please check one)

Year Synergy Group was formed: _____

Regular mail Email
 Phone Fax

I authorize Synergy Alberta to contact me or my organization 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

We support the Fundamental Principles of Synergy Alberta.

Authorized signature

Method of Payment:

Cheque VISA MasterCard

Credit Card Number _____ Exp. Date. _____

Please make cheques payable to Synergy Alberta

