

SOUTH ASIAN LONG TERM CARE FOUNDATION

9338 -34A Ave. Edmonton Alberta T6E 5X8
Phone: (780) 414-1053 Fax: (780) 414 1055

MEMEBERSHIP APPLICATION

I Last / Family Name

Given Name

Of (Address)

City

Province

Postal Code

Tel No

Email

Hereby apply for:

Life Membership (Fee \$200)

Annual Membership (Fee \$10.00)

Associate Membership (Fee \$10.00)

of South Asian Long Term Care Foundation for the membership year. (Ends Dec. 31)

I declare that:

- I am 18 years or over of age.

- A resident of the Province of Alberta.

- I have read the Objectives of the Foundation, and hereby affirm my belief in the same.

Please make cheques payable to: South Asian Long Term Care Foundation

Signature of Applicant

Date

FOR OFFICE USE ONLY

Approved by: _____

(for the Board of Directors)

Board Position

Date Approved: _____ Fee Paid: _____ Renewal: _____

Membership Year: _____ Receipt No: _____