



ASSOCIATE MEMBERSHIP APPLICATION/RENEWAL 2009 - 10

An **Associate Membership** entitles all members of your group or association to participate in CHAA events and activities for the discounted member's fee. You will receive notices and other materials at the address below. The annual fee is **\$75** / year.

If you, or other members of your group or association, wish to receive materials independently, they may take out an **Individual Membership** [please use the individual membership form]. The annual fee is \$25 / year.

Name: _____

Association or Group: _____

Address _____

City _____

Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Staff Name: _____

Group Chair: _____

Faith Group _____

Please return this form with your payment.
Please make cheque payable to: Christian Health Association of Alberta.
Mail to: 132 Warwick Road, Edmonton AB T5X 4P8