



INDIVIDUAL MEMBERSHIP APPLICATION/RENEWAL 2009 - 10

The Individual membership fee for the 2009-2010 fiscal year is **\$25**

Name: _____

Address: _____

City _____

Province _____

Postal_Code: _____

Telephone: _____

E-mail: _____

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