



CHESTERMERE REGIONAL COMMUNITY ASSOCIATION

2010/2011 CRCA Membership Form For Period July 1, 2010 – June 30, 2011

Membership Number 2010/11 - _____

Please Circle: Family: \$65.00 Single Membership: \$40.00 Life Time (Age 65+) Free

Family Name/s: _____

Mailing Address: _____

City/Town: _____, Alberta, Postal Code _____

Phone (Res.) _____; Mother (Cell) _____; Father (Cell) _____

Email: _____

For Membership Parents & Child Name/s Required

NAME (Adults First Please)	MALE	FEMALE	Date of Birth (eg. Jan 1, 1900)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Would you like to volunteer for the Community Association? _____

If yes, please select one or more of the following or write in your suggestion:

Casino ___; Fundraising ___; Recreation Programming ___; Coaching ___; Team Management ___;
Special Events ___; Administration ___; Other _____

FOR OFFICE USE ONLY:

Payment: Chq # _____, Cash/Debit _____, Visa _____, Receipt #: _____, Date Purchased: _____