



## Individual & Associate Membership Application Form

Individual \$150

Associate \$50

Organization \_\_\_\_\_ Province Wide Mandate

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_  
(work) (fax) (home)

Web Site: \_\_\_\_\_

**Pay with your VISA or Mastercard** Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name of Card \_\_\_\_\_ Amount \_\_\_\_\_

**Pay by cheque— payable to AAFRE—mail to AAFRE, 11032—89 Avenue Edmonton AB T6G 0Z6**