



Charitable, Foundation & Not-For-Profit Organization & Business Membership Form

Charitable Organization \$200 Business \$200

(maximum 3 members, 4th & subsequent members of same organization \$50 each)

Organization _____ Province Wide Mandate

Address _____ City _____ Postal Code _____

Web Site: _____

Voting Member (1 per organization)

Name _____ Title _____

Phone _____
(work) (fax) (email) (home)

I agree to conduct myself in accordance with the AAFRE Code of Ethics and Professional Practices

Signature _____ Date _____

Non-Voting Member

Name _____ Title _____

Phone _____
(work) (fax) (email) (home)

I agree to conduct myself in accordance with the AAFRE Code of Ethics and Professional Practices

Signature _____ Date _____

Non-Voting Member

Name _____ Title _____

Phone _____
(work) (fax) (email) (home)

I agree to conduct myself in accordance with the AAFRE Code of Ethics and Professional Practices

Signature _____ Date _____

Non-Voting Member (for the fourth and each additional member - please add \$50)

Name _____ Title _____

Phone _____
(work) (fax) (email) (home)

I agree to conduct myself in accordance with the AAFRE Code of Ethics and Professional Practices

Signature _____ Date _____

Pay with your VISA ___ or MasterCard ___ Card number: _____ Amount _____

Name on card: _____ Expiry date: _____

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