



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 _____

Fax to: 780-761-1839

Pay by cheque: payable to AAFRE and mail to AAFRE, #402, 10118 95 Street, Edmonton AB T5H 4R6