

Application for Membership

Membership type
<input type="checkbox"/> Individual (\$15/year) – Fill section 1 only
<input type="checkbox"/> Individual member of AHA member organization (\$10/year) – Fill sections 1 & 2
<input type="checkbox"/> Organization or club (\$50/year) – Fill sections 1 & 3



Section 1	* Required
*First name:	*Last name:
*Address:	
*City:	*Postal code:
*Phone:	Other phone:
E-mail:	
Section 2 – If you are a member of an AHA member organization, please enter its name here.	
Organization name:	
Section 3 – If you are applying on behalf of an organization, please fill this section.	
Organization name:	
Website:	
E-mail:	

Please, make your cheque to the order of: **Alberta Hiking Association**

Mail this application form and your cheque to :

Alberta Hiking Association
c/o Murray Fierheller
50 50251 Range Road 234
Leduc County, AB T4X 0L6