

# Application for Membership

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



Section 1	* Required
*First name:	*Last name:
*Address:	
*City:	*Postal code:
*Phone:	Other phone:
E-mail:	
<b>Section 2 – If you are a member of an AHA member organization, please enter its name here.</b>	
Organization name:	
<b>Section 3 – If you are applying on behalf of an organization, please fill this section.</b>	
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 Kimberley Burfoot  
 256 Westchester Way  
 Chestermere, AB T1X 1E2**