

Membership Form

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 Erick Dow
836 22 Ave SE
Calgary, AB T2G 1N5