



SLCFA - EDMONTON

Sri Lanka Canada Friendship Association of Edmonton(SLCFA)

Cedars Professional Park, 2913 - 66 Street, Edmonton, Alberta, Canada. T6K 4C1

Tel: (780) 414 - 0206 www.slcfca.org Email: slcfa@slcfca.org

Membership Application

New Renewal

Membership Year

20

All members including life members should submit a renewal form yearly.

Please advise SLCFA (slcfa@slcfca.org) if your contact information changes during the current membership year

Principal Applicant:

First Name	Last Name	Phone Number
Mailing Address	Postal Code	E-Mail Address

Family Members:

Spouse:

First Name	Last Name (If different from above)
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Children:

	First Name	Date of Birth (MM/DD/YY)	Male	Female
1			<input type="radio"/>	<input type="radio"/>
2			<input type="radio"/>	<input type="radio"/>
3			<input type="radio"/>	<input type="radio"/>
4			<input type="radio"/>	<input type="radio"/>

Membership Category and Fees:

An Admission Fee is applied to new applications and renewals except Life Membership, submitted after March 31 of the membership year

	Single	Single Parent	Family (Couple)	Family (with children)	Student* Single	Student* Family*	Affiliate Corporate Member	LIFE Individual	LIFE Family
Membership	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
Admission	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5

- If you are a student, please indicate the educational Institution: _____

I / We would like to receive correspondence via e-mail.

I / We give consent to use pictures of me/my family taken at various SLCFA events in SLCFA Website/Newsletter.

I / We would like to make a voluntary donation in the Amount of \$ _____

I / We agree to abide by the by-laws of the Association.

Method of Payment: Cash Cheque # _____

Membership Fee	\$.....
Admission Fee	\$.....
Voluntary Donation	\$.....
Total Enclosed	\$.....

Signature _____

Date _____

For Office Use Only:

Date Received: _____ Payment Included:\$ _____

Membership Director: _____