



APPLICATION FOR MEMBERSHIP (County & Municipal District)

I (we) hereby make Application for County/M.D. Membership in the ALBERTA SAND AND GRAVEL ASSOCIATION.

Name of County or M.D. _____

Address _____ Postal Code _____

Telephone _____ Fax _____

Email Address _____

Person to whom correspondence should be addressed _____

YEARLY MEMBERSHIP FEE: \$250.00

I (we) herewith tender the Membership Fee of the Association and agree to pay fees as required to maintain Membership.

Payment: (please circle one)

Visa

MasterCard

Cheque

Credit Card No.: _____ Name on Card: _____

Expiry Date: _____ Signature: _____

Cheques should be made payable to the ALBERTA SAND AND GRAVEL ASSOCIATION and mailed to:

SUITE 701, 10080 Jasper Avenue, Edmonton AB T5J 1V9

DATED THIS _____ DAY OF _____, A.D. 20 _____.

County / M.D.

SIGNATURE

Below For Office Use Only

Application approved by the Directors of this Association this _____ day of _____, 20 ____.

PRESIDENT

SECRETARY TREASURER