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.slcfa.org Email: slcfa@slcfa.org

Membership Application

New ☐ Renewal ☐

Membership Year 20

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

Please advise SLCFA (slcfa@slcfa.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:

Provide e-mail address of spouse, if separate emails are required.

Spouse:

First Name	Last Name (If different from above)

Children:

	First Name	Date of Birth (MM/DD/YY)	Male	Female
1			☐	☐
2			☐	☐
3			☐	☐
4			☐	☐

Membership Category and Fees:

An Admission Fee is applied to new applications and also to late renewals (submitted after March 31 of the membership year). Children over 21 yrs. and above cannot be included in the 'Family with children' category. Please select the appropriate category, if you wish to apply. Please note that E-transfer of fees is available to application renewals only. Payment from all new applicants to be by cash or cheque only.

	Single	**Single** (with children)	**Family** (Couple)	**Family** (with children)	**Student*** Single	**Student*** (Couple with or without children)	**Senior** Over 65 Years (Single)	**Senior** Over 65 Years (Couple)	**Affiliate Corporate Member**	**LIFE** Individual	**LIFE** Family
Membership	☐ $15	☐ $20	☐ $25	☐ $30	☐ $10	☐ $15	☐ $15	☐ $25	☐ $30	☐ $500	☐ $750
Admission	☐ $2	☐ $5	☐ $5	☐ $5	☐ $2	☐ $5	☐ $2	☐ $5	☐ $5	☐ $2	☐ $5

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

☐ We would like to receive General Meeting Packages, including the AGM package via regular mail.

☐ I / We do not give consent to use pictures of me/my family taken at various SLCFA events in SLCFA Website/Newsletter.

☐ I / Wewould 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 #_____

☐ E-transfer to: ***slcfatreasurer@gmail.com*** **(for renewals only)**

Membership Fee:	$_____
Admission Fee:	$_____
Voluntary Donation:	$_____
Total Enclosed	$_____

_____ _____

Signature Date

For Office Use Only

Date Received: ____/____/____ **Payment Included: $**_____

Membership Director: _____