

CAMBRIAN HEIGHTS COMMUNITY ASSOCIATION
MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

Postal Code: _____ Phone: _____

E-mail: _____

(Personal information is used to inform members of Community events only, no information is shared with other organizations or individuals other than those associated with Cambrian Heights Community Association).

Membership Type: (Please Select one only)

CAMBRIAN HEIGHTS RESIDENTS: (voting member)

Single / Senior (\$5.00) Family (\$15.00)

NON- CAMBRIAN HEIGHTS RESIDENTS: (non-voting member)

Associate (\$10.00)

Associate membership cards are not sent out unless proof of membership required :

Please indicate membership purpose: McKnight Soccer Yoga

Please Note:

Membership term is for 1 year and is current from Jan 1 of the year purchased until Dec 31 of the same year as per the Community Association Bylaws.

Please make cheques payable to the Cambrian Heights Community Association and mail to:

600 Northmount Drive N.W.,
Calgary, Alberta T2K 3J5