Membership Form

Application for membership in the Alberta Injury Control Alliance

AICA
ALBERTA INJURY CONTROL ALLIANCE

○ **NEW MEMBERSHIP** ○ **MEMBERSHIP RENEWAL** ○ **CHANGE OF MEMBER INFORMATION OR CATEGORY**

Memberships may be taken out under the name of an individual or organization. Please complete one (print):

ORGANIZATION, BUSINESS, GROUP, PROGRAM OR PROJECT MEMBERSHIP

NAME OF ORGANIZATION

MAILING ADDRESS

CONTACT PERSON TITLE

WORK PHONE ( ) FAX ( )

E-MAIL WEBSITE

INDIVIDUAL MEMBERSHIP

NAME TITLE

AFFILIATED WITH

MAILING ADDRESS

WORK PHONE ( ) HOME PHONE ( )

E-MAIL FAX ( )

I/We would like to apply for the following category of membership in the Alberta Injury Control Alliance and agree to the membership conditions as outlined under that category on the previous page:

○ **ACTIVE MEMBER** ○ **ASSOCIATE MEMBER**

AUTHORIZED SIGNATURE DATE

Please keep a copy for your records and mail or fax your completed, signed form to:

Terri Vaive, Projects Coordinator/Technical Support
Alberta Centre for Injury Control & Research
4075 RTF, 8308 – 114 Street, Edmonton, AB, T6G 2E1
Fax: 780-492-7154

A membership package will be sent out to confirm your membership.

OFFICE USE ONLY

Date received

Added to Master Membership List and Group E-mail List

Membership confirmed and package sent out