

Membership Form

Application for membership in the 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:

Jennifer Drozdowski, Senior Associate, Special Projects
Alberta Centre for Injury Control & Research
Satellite Office c/o Anderson Hall, University of Lethbridge
4401 University Drive, Lethbridge, AB T1K 3M4
Direct Fax: 403-329-2668

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