



CHESTERMERE REGIONAL COMMUNITY ASSOCIATION

2016/2017 CRCA Membership Form For Period July 1, 2016 – June 30, 2017

Membership Number 2016/17- _____ New: _____ Renewal: _____

Please Circle: Family: \$70.00 Single Membership: \$45.00 Golden (Age 65+): 25% Discount
Family #52.50 Single #33.75

Last Name/Family Name: _____

Mailing Address: _____

City/Town: _____, Alberta, Postal Code _____

Phone (Res.) _____; Mother (Cell) _____; Father (Cell) _____

Email: _____

For Membership Parents & Child Name/s Required

NAME (Adults First Please)	MALE	FEMALE	Date of Birth (eg. Jan 1, 1900)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Would you like to volunteer for the Community Association? _____

If yes, please select one or more of the following or write in your suggestion:

Casino _____; Coaching (Soccer/Minor Baseball) _____; Special Events _____; Other _____;

FOR OFFICE USE ONLY:

Payment: Chq # _____, Cash/Debit _____, Visa/MC _____, Online _____ Receipt #: _____, Date Purchased: _____