

CALGARY BALLOON CLUB MEMBERSHIP APPLICATION

Membership Year is from January 1 to December 31



Name: _____
Surname First Middle

Address: _____

Email Address: _____

Phone: Res: _____ Bus: _____

Can you be called at your business number? _____

It is the intention of the Club:

- to use the information to contact you about Club activities
- to publish a Membership Roster and Email list in the Club newsletter
- to use the information for Club purposes
- for you to have access to your information
- to respect your privacy.

I give permission to have my contact information included on the Membership Roster and/or Email list to be published in the newsletter of the Calgary Balloon Club (Club).

(circle one) YES NO

Special Interests, Activities or Hobbies: _____

<u>Membership Class</u>	<u>Rate</u>	<u>Amount Enclosed</u>
Active (Within Canada)	\$45.00/year	\$ _____
Active (Outside Canada)	\$55.00/year (Canadian)	\$ _____
Family of Active Member	\$15.00/year	\$ _____

Name(s) of Family Members applied for:

_____ Total Enclosed \$ _____

Date: _____ Signature: _____

Please make Cheque or Money Order Payable to: THE CALGARY BALLOON CLUB
c/o 1111 Memorial Drive NW
Calgary, AB T2N 3E4