

CTCPA AFFILIATE MEMBERSHIP SUMMARY - 2025

MAIL TO: 949 Briarwood Crescent Strathmore, AB/ PHONE: 403-829-5088 / EMAIL: ctcpaoffice@gmail.com

Association: _____

PLEASE PRINT CLEARLY					
Member	Home	Membership Type	(N)ew (R)enew	Total	Paid
Last Name	First Name				
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Totals					\$ -

Date: _____

Contact Person: _____

Telephone (Day): _____

Telephone (Night): _____

Fax: _____

E-mail: _____

Copy additional sheets as required

Batch # _____

SUBMIT THE FOLLOWING TO THE CTCPA OFFICE:

- 1) Affiliate Membership Summary Form (This Form)
- 2) Copies of Association Memberships Include Email Address
 or Include a Spreadsheet List of Members Information
- 3) List Home Association for Each Member (Where the CTCPA Fee is Paid)
- 4) New Affiliate Member Classifications (If Applicable)
- 5) Cheque for Total Amount Payable to CTCPA

MEMBERSHIP	QTY	FEE	TOTAL
Adult	0	\$ 40.00	\$ -
Sr. Youth	0	\$ 10.00	\$ -
Jr. Youth	0	\$ -	\$ -

Payment Submitted to CTCPA

Cheque No _____

Cheque Date _____