CTCPA AFFILIATE MEMBERSHIP SUMMARY

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

Association: _____

PLEASE PRINT CLEARLY							
Member Last Name	First Name	Home Association	Adult	Jr Yth	Sr Yth	(N)ew (R)enew	Total Paid
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		$ 40.00	
Sr Youth		$ 10.00	
Jr Youth		$ -	

Payment Submitted to CTCPA _____

Cheque No _____

Cheque Date _____