

Alberta Council on Aging Membership Form



Membership Type

Household
\$25.00

Organizational
\$60.00

Lifetime
\$250.00

Corporate
\$200.00

Check here if you receive Johnson Inc. MEDOC Travel Insurance

I consent to Johnson Inc. collecting the ACA annual membership fee of \$1.83 per month for a total of \$21.96 per year along with insurance premiums. Membership payments are then remitted to ACA.

Signature and date

Donation

\$ _____

Tax receipts will be issued for donations over \$20.00

Publish Name as Donor in ACA News

Yes

No

Newsletter

Electronic

Hardcopy

Name/s: _____

Address: _____

City: _____

Postal Code: _____

Province: _____

Phone #: _____

Email: _____

Check here if you wish to receive occasional electronic communications

How to Pay:

We accept cash and cheque by mail. If you would like to pay by credit card you may do so online or by contacting the office directly.

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working to improve the quality of life for seniors