

Alberta Council on Aging Membership Form



Membership Type

<input type="checkbox"/>	Household \$25.00	<input type="checkbox"/>	Lifetime \$250.00
<input type="checkbox"/>	Organizational \$60.00	<input type="checkbox"/>	Corporate \$200.00

Check here if you receive Johnson Inc. MEDOC Travel Insurance

I consent to Johnson Inc. collecting the ACA annual membership fee 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 older persons