

CTCPA AFFILIATE MEMBERSHIP SUMMARY - 2017

MAIL TO: Site 8, Box 4, RR 1, Millarville, Alberta T0L 1K0 PHONE 403-931-2795 FAX 403-931-2799 E-Mail ctcpaoffice@gmail.com

Association: _____

PLEASE PRINT CLEARLY

Member Last Name	Member 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 the 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 _____