CTCPA AFFILIATE MEMBERSHIP SUMMARY - 2018

MAIL TO: Site 8, Box 4, RR 1, Millarville, Alberta T0L 1K0 / PHONE: 403-931-1543 / FAX: 403-931-2799 / EMAIL: ctcpaoffice@gmail.com

Association: _____

PLEASE PRINT CLEARLY								
Member Last Name	Member First Name	Home Association	Additional Rating Tag Extra $5.00	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		$ -	
Additional Rating Tags		$ 5.00	

Payment Submitted to CTCPA _____

Cheque No _____

Cheque Date _____