



# Sri Lanka Canada Friendship Association of Edmonton (SLCFA)

Cedars Professional Park, 2913 - 66 Street, Edmonton, Alberta, Canada. T6K 4C1  
Tel: (780) 414 - 0206 www.slcf.org Email: slcfa@slcfa.org

**SLCFA - EDMONTON**

**Membership Application**  
New  Renewal

Membership Year  
**20**

**All members including life members should submit a renewal form yearly.**  
*Please advise SLCFA (slcfa@slcfa.org) if your contact information changes during the current membership year*

**Principal Applicant:**

First Name	Last Name	Phone Number
Mailing Address	Postal Code	E-Mail Address

**Family Members:**

**Spouse:**

First Name	Last Name (If different from above)
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**Children:**

1	First Name	Date of Birth (MM/DD/YY)	Male	Female
2	First Name	Date of Birth (MM/DD/YY)	Male	Female
3	First Name	Date of Birth (MM/DD/YY)	Male	Female
4	First Name	Date of Birth (MM/DD/YY)	Male	Female

**Membership Category and Fees:**

**An Admission Fee is applied to new applications and renewals except Life Membership, submitted after March 31 of the membership year. Children over 21 yrs. and above cannot be included in the 'Family with children' category. Please select the appropriate category, if you wish to apply.**

	Single	Single Parent	Family (Couple)	Family (with children)	Student* Single	Student* Family	Senior Over 65 Years	Senior Over 65 Years (Couple)	Affiliate Corporate Member	LIFE Individual	LIFE Family
Membership	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750
Admission	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5

\* If you are a student, please indicate the educational Institution: \_\_\_\_\_

- I / We would like to receive correspondence via e-mail.
- I / We give consent to use pictures of me/my family taken at various SLCFA events
- Website/Newsletter.

**I / We would like to make a voluntary donation in the Amount of \$ \_\_\_\_\_**  
**I / We agree to abide by the by-laws of the Association.**

Method of Payment:  Cash  Cheque # \_\_\_\_\_  E-Transfer

Membership Fee:	\$ _____
Admission Fee:	\$ _____
Voluntary Donation:	\$ _____
<b>Total Enclosed</b>	<b>\$ _____</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b><u>For Office Use Only</u></b>	
Date Received: _____ / _____ / _____	Payment Included: \$ _____
Membership Director: _____	