



Sri Lanka Canada Friendship Association of Edmonton(SLCFA)

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

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:

	First Name	Date of Birth (MM/DD/YY)	Male	Female
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*	Affiliate Corporate Member	LIFE Individual	LIFE Family
Membership	\$15	\$20	\$25	\$30	\$10	\$15	\$30	\$500	\$750
Admission	\$2	\$5	\$5	\$5	\$2	\$5	\$5	\$2	\$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 in SLCFA 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 # _____

Membership Fee	\$.....
Admission Fee	\$.....
Voluntary Donation	\$.....
Total Enclosed	\$.....

 Signature Date

For Office Use Only:

Date Received: _____ Payment Included:\$ _____

Membership Director: _____