



Sri Lanka Canada Friendship Association of Edmonton (SLCFA)

Cedars Professional Park, 2913 - 66 Street, Edmonton, Alberta, Canada. T6K 4C1
Tel: (780) 414 - 0206 www.slcfaf.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 General Meeting Packages, including the AGM package via regular 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: _____