

# Alberta Palaeontological Society Application for Membership

Membership applies to the calendar year, January 1 through December 31.

## Please check ONE of the following options:

- Please apply my dues to the current year (20\_\_\_\_). I will receive all the Society Bulletins for this year, may attend any remaining meetings and field-trips, and agree to pay my dues again for next year.
- Please start my membership on January 1 of next year (20\_\_\_\_).

## Please check ONE of the following Membership Options and PRINT CLEARLY:

- Single Membership:** An individual person 18 years of age or older. Single Members have one vote.  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_
- Family Membership:** A group of people living in one household consisting of no more than two adults 18 years of age or older and their dependents (if any) under the age of 18. Each Family Member 18 years of age or older has one vote (maximum 2 votes per family).
- 1<sup>st</sup> Adult Last name \_\_\_\_\_ First name \_\_\_\_\_
- 2<sup>nd</sup> Adult Last name \_\_\_\_\_ First name \_\_\_\_\_
- 1<sup>st</sup> Dependent Last name \_\_\_\_\_ First name \_\_\_\_\_ Age \_\_\_\_\_
- 2<sup>nd</sup> Dependent Last name \_\_\_\_\_ First name \_\_\_\_\_ Age \_\_\_\_\_
- 3<sup>rd</sup> Dependent Last name \_\_\_\_\_ First name \_\_\_\_\_ Age \_\_\_\_\_
- Institutional Membership:** Any organization. Institutional Members may not vote.  
Organization Name \_\_\_\_\_

## REQUIRED information (please print clearly)

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ **IMPORTANT! The Society's quarterly newsletter, the Bulletin, is distributed online in PDF format. Your email address is required for you to receive the Bulletin. By giving your email address you consent to receiving email messages from the Alberta Palaeontological Society.**

## Additional information (please print clearly)

Occupation \_\_\_\_\_

What are your interests? \_\_\_\_\_

What do you wish to learn more about? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**The undersigned hereby applies for membership in the Alberta Palaeontological Society and, if elected to membership, agrees to abide by the By-laws and regulations of the Society.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Check ONE:  Single membership (\$20.00)
- Family membership (\$25.00)
- Institutional membership (\$25.00)

**Mailing Address: Alberta Palaeontological Society  
PO Box 68024 Crowfoot PO  
Calgary, AB, Canada T3G 3N8.**

### Payment method

- Cheque/money order payable to **Alberta Palaeontological Society**
- Interac E-transfer** (Canada only). Follow directions on your bank's online banking site or mobile app. Bank fees may apply. Set payee to **giftshop@albertapaleo.org** and state the item for payment in the message field (example "Single Membership for 2019, John Doe"). Email a scan or photo of this completed application form to **giftshop@albertapaleo.org**.