

## MEMBERSHIP FORM

## **Main Contact Person**

The contact person is noted on all invoices and the billing contact is copied.

Name:

| Position:                  |                                    |                                  |  |
|----------------------------|------------------------------------|----------------------------------|--|
| Organization/Company: _    |                                    |                                  |  |
| Address:                   |                                    |                                  |  |
| City:                      | Province:                          | Postal Code:                     |  |
| Email:                     | Phone N                            | Phone Number:                    |  |
| Billing Contact Person     |                                    |                                  |  |
| Name:                      |                                    |                                  |  |
| Email:                     |                                    |                                  |  |
| Members who are include    | ed with the Group Membership,      | will each receive all CPAA       |  |
| communications. List her   | re with name(s) and email addre    | ss(es):                          |  |
| Memberships are valid fr   | om January 1 to December 31 e      | each year GST not applicable     |  |
| Group (\$250/year) □       | Individual (\$100/year) 🗆          | Student (\$25/year) □            |  |
| An invoice will be emailed | to the Main Contact Person.        |                                  |  |
| Cheques are payable to     | the Community Planning Associ      | ation of Alberta. Direct deposit |  |
| and e transfers are accep  | oted. Credit card payment is now   | v available using the CPAA       |  |
| Member online form: CPA    | A Membership Renewals   CPA Albert | <u>a</u>                         |  |
| GST is not applicable.     |                                    |                                  |  |

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