Alberta Capital Airshed Alliance

Membership Application

Individual and Organizational Membership Application Form

REQUIRED FOR ORGANIZATIONAL MEMBERS:

Organization Legal Name: _____

Does your organization hold an environmental approval: ◉ Yes ○ No

Does your organization perform ambient air monitoring: ◉ Yes ○ No

Name to appear on ACAA website: _____

Relevant page for link: _____

Have you sent your logo image file to info@capitalairshed.ca? ☐ Yes

Membership Type:

- ◉ New
- ☐ Reinstated

Membership Category:

- ☐ Individual
- ◉ Industry
- ☐ Government
- ☐ Non-Government

*Items in bold are required.

PRIMARY MEMBER CONTACT INFORMATION:

SURNAME: _____ **FIRST NAME:** _____ TITLE: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ **POSTAL CODE:** _____

TELEPHONE: _____ FAX: _____

CELLULAR: _____ **EMAIL:** _____

SECONDARY CONTACT INFORMATION:

SURNAME: _____ **FIRST NAME:** _____ TITLE: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____

CELLULAR: _____ **EMAIL:** _____

Preferred format for New Member Orientation: ○ Electronic ○ Print

Indicate your primary reason for joining the Alberta Capital Airshed Alliance:

- ☐ Air quality monitoring
- ☐ Regional policy development
- ☐ Demonstrate environmental leadership
- ☐ Collaborate on outreach programs
- ☐ Other: _____

FEE SUMMARY (ACAA USE ONLY)

Fees and dues (from left): _____

New member fee: _____

Total membership fee due: _____

Date paid: _____

The ACAA regularly corresponds with Members to notify them of programs, products and events relevant to the ACAA. As a member of the ACAA you may receive e-mail, mail and/or telephone calls relevant to ACAA business, but your information will not be shared or sold to third parties without your permission.

MEMBERSHIP FEE WORKSHEET (ACAA USE ONLY):

1. NEW MEMBER FEE ..... $50.00 $ _____
   Paid only by new members to cover cost of membership orientation kit and processing.
2. MEMBERSHIP DUES
   Membership fees will be assessed on application and pro-rated by month. All memberships expire on December 31 and will be automatically renewed unless the ACAA is otherwise informed.
   Annual Membership fee as assessed by ACAA _____
   Month Joined: _____ Pro-rate fraction: _____ $ _____

Tax Exempt. GST# 840377766RT0001

By my signature below, I agree that I will participate in the ACAA in accordance with the terms described in the ACAA bylaws and guiding principles.

SIGNED: _____

AUTHORIZED APPLICANT

By my signature below, I certify that this organization or individual has joined the Alberta Capital Airshed Society. As a society we will ensure that this individual or the individuals representing this organization will receive proper orientation.

SIGNED: _____

AUTHORIZED OFFICER

Return completed form by mail to: The Alberta Capital Airshed Alliance, P.O. Box 4379, Edmonton AB T6E 4T5 or by fax to (780) 665-7294.
For questions regarding fee assessement contact the ACAA at (780) 470-3117 or Info@capitalairshed.ca