



Alberta Elevating Devices  
& Amusement Rides  
Safety Association

## Alberta Elevating Devices and Amusement Rides Safety Association

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### APPLICATION FOR MEMBERSHIP

I the undersigned hereby apply for membership in the **Alberta Elevating Devices and Amusement Rides Safety Association**.

Company Name: \_\_\_\_\_

Street \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E Mail Address : \_\_\_\_\_

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### **Applicant's Declaration**

I understand that this application for membership is subject to board approval. If my application is approved, I agree to participate in the affairs of the Association, and to abide by all rules, regulations, and Bylaws of the Association that are currently in place and as may be amended from time to time. Should I not abide by the rules, regulations, and bylaws of the Association, I acknowledge that my membership can be cancelled as permitted by the Bylaws of the Association.

### **Signature**

Applicant's Name (print): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH THE REQUIRED MEMBERSHIP FEE OF \$100.00**

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**APPROVED BY THE BOARD OF DIRECTORS: YES ( ) NO ( )** Date : \_\_\_\_\_

**Applicant Representing:** \_\_\_\_\_