



Alberta Elevating Devices
& Amusement Rides
Safety Association

Alberta Elevating Devices and Amusement Rides Safety Association

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 : _____

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

APPROVED BY THE BOARD OF DIRECTORS: YES NO Date : _____

Applicant Representing: _____