



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: _____ Email Address: _____

Applicant's Declaration

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

Signature

Applicant's Name (print): _____ Position/Title: _____

Applicant's Signature: _____ Date: _____

Invoice for Membership fee of \$100.00 to follow upon Board Approval

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

Applicant Representing: _____