

Membership Form



Sculptors' Association of Alberta
P.O. Box 11212
Edmonton, AB
T5J 3K5

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Website: _____

Preferred Mediums:

The personal information collected from you is used by our telephone committee and the newsletter volunteers to communicate the activities and opportunities the association provides and is kept confidential.

Each member in good standing is provided with a membership list which includes everyone's email address and telephone numbers.

Which of the following personal information can we release to the membership?

(Please indicate your approval with a check mark.)

Phone Number: _____ Email: _____ Other: _____

Office Use

Membership Card Issued:

Receipt Issued: