



917 Centre Ave NE
Calgary, AB
T2E 0C6

Membership Application

Name(s): _____

Address: _____ Postal Code _____

Phone Numbers: home _____ work _____

Email Address: _____

Are you a resident within the boundaries of Bridgeland-Riverside? Yes No

If yes, how long have you been a resident? _____

If no, please state reason for applying for a BRCA membership: _____

Are you a new member or are you renewing your membership? New Renewing

Please choose one of the following membership categories:

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Family Voting | \$20/yr | <input type="checkbox"/> Family Non-voting | \$20/yr |
| <input type="checkbox"/> Individual Voting | \$10/yr | <input type="checkbox"/> Individual Non-voting | \$10/yr |
| <input type="checkbox"/> Senior Voting | \$5/yr | <input type="checkbox"/> Senior Non-voting | \$5/yr |
| <input type="checkbox"/> Group | | \$60/yr | |

Volunteer Opportunities

Are you interested in volunteering? Yes No

If yes, please indicate interests:

- | | | |
|---|---|---|
| <input type="checkbox"/> Block Watch | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Board | <input type="checkbox"/> Special Events | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Bridges Newsletter | <input type="checkbox"/> Sports | <input type="checkbox"/> Casino |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Programs | <input type="checkbox"/> Other, specify below |

Time available / other comments:

FOR OFFICE USE ONLY:

SOLD BY: _____ DATE: _____ PAYMENT: Cash Chq

DATABASE EXPIRY DATE: _____ MEMBERSHIP #: _____