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| **Membership Application** |
| *Membership is* ***free****. Members are responsible for maintaining accuracy of their membership information.* |
| Type of Membership – check one: |
| **Organizational Member** |  | Registered non-profit agency with an interest in lifelong learning. |
| **Personal Member** |  | Person with an interest in lifelong learning. |
| **Business Member** |  | Business with an interest in lifelong learning. |
|  |
| **Legal Name of Agency:** |  |
| **Name of Representative:** |  |
| **Address** (include postal code)**:** |  |
| **Telephone Number:** |  |
| **Facsimile Number:** |  |
| **Email address:** |  |
| **Alternate Representative:** |  |
| **Alt Email:** |  |
| **Alt Telephone Number:** |  |
| **Website:** |  |
|  |
| Please return your application to:LEARN Community Adult Learning Council 299 College Dr SE Medicine Hat, AB T1A 3Y6Email: learn@mhc.ab.ca |
|  |
| For LEARN use only: |
| Membership Accepted: |  | Yes |  | No |  | Date |
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