

**Belmead Community League**  
Membership Request Form

Member Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

Edmonton, AB                      Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Children's Names    Y / M / D              M / F

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_              \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_              \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_              \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_              \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_              \_\_\_\_\_

<b>Payment information:</b>	
Membership	<b>\$30.00</b>
Donation	\$ _____
Total Payment	\$ _____
Date	_____ Cheque # _____

Total Number of Skate Tags Required \_\_\_\_\_

# of Adult Skate Tags \_\_\_\_\_

# of Child Skate Tags \_\_\_\_\_

Are you willing to volunteer for Belmead Community League?

Yes  No

If so, in which areas?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in participating in activities?

Yes  No

If so, in which areas?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete this form and  
mail it with your cheque to:**

**Belmead Community League**

**9109 - 182 Street**

**Edmonton, AB T5T 2Y9**