

ELBOW PARK MEMBERSHIP FORM

Name(s): _____
(Please include first and last names of both partners for membership list)

Address: _____

Postal Code: _____

Phone: _____

Email (optional): _____

- EPRA Membership:**
(check applicable)
- Family / Sports (\$35)
 - Single / Associate (\$25)
 - Non-Resident (\$20)
 - Additional \$_____ Donation
(Tax receipt will be sent)

Total Enclosed: \$_____

Your financial support is appreciated. Please mail the completed form and cheque payable to:
EPRA, c/o Rhonda Fulton, 3808 9th Street SW, Calgary, Alberta T2t 3C9