

SOUTHERN ALBERTA ROCKHOUNDS ASSOCIATION 20_____
MEMBERSHIP & PRIVATE INFORMATION FORM

PERMISSION TO RELEASE YOUR PRIVATE INFORMATION AS STATED BELOW:

****The Alberta Federation of Rock Clubs (who are affiliated with the Gem & Mineral Federation of Canada) request that we submit our members names, addresses and phone numbers to them as they provide services to our Club and Members which includes a Liability Insurance Policy.**

Please complete this form and sign it. Your signature will be your approval for the Southern Alberta Rockhounds Association to release your private information:

****--- to the Alberta Federation of Rock Clubs**

****--- for the Club's business requirements and to post a Club Membership listing in our Club Room**

Membership: Family__\$40.00
(family includes children under 18)

Single__\$25.00

Student__\$10.00
(Includes ages 18 - 21)

Name: _____
Print Name

Name: _____
Print Name

Signature

Signature

Children: _____
(Print names of children under age of 18)

Address: _____

Postal Code: _____

E-Mail: _____
Print clearly

Phone # _____

Dated: _____