

**Application Form
General Member or Student Member Status**



General Information

Last Name:	First Name(s)
Organization:	
Address including Postal Code:	Work Phone:
	Fax:
Email Address:	

Full Time Education

If you are applying for a Student Membership in AFMS, please provide details of your full time course of study.

Fees Due

Annual fee, General Membership \$160 \$ _____ OR;

Annual fee, Student Membership \$50 \$ _____

Total Enclosed \$ _____

Please make cheque payable to Alberta *family* Mediation Society; OR

Visa/MC # _____ Expiry _____

Billing Address: (if different from above) _____
