

	Date
Received by Membership Secretary	
Committee heads notified	

Southern Alberta Pioneers' and Their Descendants APPLICATION FOR DESCENDANT MEMBERSHIP

Eligibility:

The Society shall be composed of descendants of those persons who were residents of Canada now known as the Province of Alberta lying south of Township 40, on or before December 31, 1890, and are 18+ years of age.

Applicant Name: _____
(Please print full name)

Address: _____ City: _____ Prov/State: _____ PC/Zip: _____

Telephone: _____ Email: _____

Date of Birth: _____, _____, _____ (Day, Month, Year)

I, _____ am the _____ (e.g., grt grt... grandchild)
of _____ who was born _____ (Pioneer's place of birth)
(Name of original pioneer)
and arrived at _____ on _____ (Month, Year)
(Place pioneer arrived at in southern Alberta)

I hereby make application for Descendant Membership in THE SOUTHERN ALBERTA PIONEERS' AND THEIR DESCENDANTS.

(Signature)

The Family History Information Form must accompany the application

Approved: _____, _____ (Date) (Historian signature)

Approved: _____, _____ (Date) (President signature)

Fees:

An initial fee of \$40 must accompany the application. An annual fee of \$40 must be **paid by Jan 1st** of each year.

Cheque can be made out to: Southern Alberta Pioneers' and Their Descendants or "SAPD"

Mail forms and cheque to: 3625 4 Street SW Calgary AB T2S 1Y3

OR

Use Interac e-Transfer to: membership@pioneersalberta.org

(add full applicant name in message, to match the application form with fee payment)

Email scan of forms to: membership@pioneersalberta.org

Volunteer Opportunities:

Please check all the committees you may be interested in.

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Historical & Educational | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Public Relations & Communications | <input type="checkbox"/> Building | <input type="checkbox"/> Social |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Records Management | |
| <input type="checkbox"/> Other _____ | | |