County of Lacombe
Lifelong Learning Association
Box 5742
Lacombe, AB T4L 1X3
Phone: (403) 782-7955 Fax: (403) 782-9382 Email: cllla@rttinc.com

2010 - Membership Application

Thank you for your interest in becoming a member of the County of Lacombe Lifelong Learning Association. Please complete this Application Form and return it to the Lifelong Learning Association office. If you have any questions about your membership, or general inquiries, please contact the office at (403) 782-7955.

Membership Categories:

☐ Family - $15.00 ☐ Non-Profit/Educational Organization - $25.00

☐ Business - $30.00

☐ New Membership ☐ Renewal

Name: _____

Organization Name (if applicable): _____

Type of Organization (if applicable):_____

Mailing Address:_____

Telephone:_____ **Fax**:_____ **email**:_____

Signature of Applicant: _____ **Date:** _____

This portion of the application is to be completed by a staff member

Membership #: _____ Expiry date: _____

Amount received: $_____ Payment method: ____ Cash
____ Cheque (chq # _____)
____ Invoice (org/bus only)

Staff signature: _____

Thank you for your contribution and support of Lifelong Learning and Adult Literacy throughout the County of Lacombe!