

**ST. ALBERT & DISTRICT FURTHER EDUCATION ASSOCIATION**  
211, 86 McKenney Avenue, St. Albert AB T8N 2T7  
Phone: 460-2207 Fax: 418-2008 Email: furthered@compusmart.ab.ca

**APPLICATION FOR MEMBERSHIP**

Active Member: \$25.00

Associate Member: \$50.00

Organization Name: \_\_\_\_\_

Name of Designated Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long has your organization existed in St. Albert? \_\_\_\_\_

How did you hear about the Association? \_\_\_\_\_

Why do you want to be a member of the Association? \_\_\_\_\_

What do you want to gain from the Association and what can you contribute to the Association? \_\_\_\_\_

Do you offer your course here in St. Albert? \_\_\_\_\_ Yes \_\_\_\_\_ No

**For Organizations:**

How would you classify your organization? \_\_\_\_\_ School, College, University

\_\_\_\_\_ Public Agency \_\_\_\_\_ Government \_\_\_\_\_ Private Agency \_\_\_\_\_ Non-Profit

If you are a Non-Profit Society please supply your Certificate of Incorporation number:

\_\_\_\_\_

What age group are you targeting? \_\_\_\_\_

What percentage of your program participants are adults? \_\_\_\_\_

What is the primary mandate, aim or purpose of your organization? \_\_\_\_\_

....(Over)

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Are there any other organizations with which your organization is affiliated? \_\_\_\_\_

\_\_\_\_\_

What educational services do you currently offer to the public? \_\_\_\_\_

\_\_\_\_\_

What educational services may you be offering in the future? \_\_\_\_\_

\_\_\_\_\_

Do you maintain liability insurance for your organization's activities? \_\_\_\_\_

What safety measures for participants are implemented during your programs? \_\_\_\_\_

\_\_\_\_\_

Are your instructors suitably qualified? \_\_\_\_\_

\_\_\_\_\_

If you are interested in becoming an Active Member please indicate the committee(s) you might be interested in.

- |                          |           |                          |                     |
|--------------------------|-----------|--------------------------|---------------------|
| <input type="checkbox"/> | Finance   | <input type="checkbox"/> | Program & Funding   |
| <input type="checkbox"/> | Marketing | <input type="checkbox"/> | Policy & Procedures |
| <input type="checkbox"/> | Executive | <input type="checkbox"/> | Other _____         |

**Active membership involves attendance at all General Meetings as well as active participation with the elected Executive Committee (one year term) and/or ad hoc Committees.**

I, \_\_\_\_\_ (Name of individual or Organization), hereby request consideration of my Application for Membership in the St. Albert & District Further Education Association. I agree to comply with the Constitution, Policies, Procedures and Guidelines of the Association and Alberta Learning.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I enclose my cheque in the amount of: \$ \_\_\_\_\_

Please attach any organizational information, publications, brochures and program descriptions which you feel will support your application.

**Membership year is January 1 to December 31.**