



APPLICATION FOR ALUMNUS MEMBERSHIP

Name: _____

Address: _____

Phone: _____

FORMER AFFILIATION WITH:

Registered Emergency Paramedic Association of Alberta _____

Registered Emergency Medical Technician Association of Alberta _____

Former Registration number with ACP _____

Have you ever had a criminal conviction? _____ No _____ Yes (please check one). If yes, please provide particulars.

Annual Alumnus Membership Fee ***** \$ 50.00

Date

Signature

Please send this form and your certified cheque, money order, Visa or MasterCard in the amount of \$50.00 to the ACP office at the address below.

CREDIT CARD AUTHORIZATION FORM

Name of Cardholder: _____

Name of Member (if different than cardholder): _____

Credit card No.: _____ Expiry Date: _____

Signature of Cardholder: _____

Amount to be billed to card: _____