

Edmonton and Area Fetal Alcohol Network Society

Membership Form 2016 -2017



First, Last Name**:

Organization:

Email address**:

Work Phone:

Work Address**:

City, Province**:

Postal Code, Country**:

This Membership is for:

Individual:

Program

Agency:

Please check the box that applies to you

Voting Member:

Non-Voting Member:

Please Print form, fill, and return to the below address

Cheque payable to 'Bissell Centre'

Mail Cheque or Cash and membership form to:

Edmonton and Area Fetal Alcohol Network (Cheque made out to Bissell Centre)

#2 9137 Jasper Avenue

Edmonton, AB

T5H 3T2

Phone 780-920-1883 Fax 780.477.2499