**Edmonton and Area Fetal Alcohol Network Society**

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| **Membership Form 2020 - 2021** |

**First, Last Name:**

**Organization:**

**Email address:**

**Work Phone:**

**Work Address:**

**City, Province:**

**Postal Code:**

**This Membership is for:**

**Individual:**

**Program:**

**Agency:**

**Please check the box that applies to you**

**Voting Member:**

**Non-Voting Member:**

**Please Print form and return to the Network Coordinator.**

**Cheque payable to ‘Bissell Centre’**

**Mail Cheque or Cash to:**

**Edmonton and Area Fetal Alcohol Network Society**

**10320 146 Street**

**Edmonton AB T5N 3A2**