

Application for Membership

Calgary Co-operative Memorial Society Ltd. ("CCMS")
Suite 204A, 223 – 12th Avenue S.W.
Calgary AB T2R 0G9
PH: 248-2044

Lifetime membership - \$20.00 per adult

Application must be received with payment prior to death. Children under 18 are free and covered by the parent's membership

A couple may use one form

Applicant: Mr. Mrs. Miss. Ms. Dr. Rev. _____

Address: _____

Postal Code: _____ Phone #: _____ Cell#: _____

Date: _____ e-mail: _____

Please check or describe how you heard about us.

_____ Family _____ Friends _____ Website _____ Care provider/social worker

_____ Other (please describe)

If you have children, please write their name/s, age and date of birth. (By 18 years of age children must have their own memberships) **OR use this space to communicate any message to us.**

If you need help in completing this form – please call the CCMS office PH: 248-2044 and leave a message (out-of-town PH: 1-800-566-9959). Thank you.

CCMS is a Not-For-Profit- Society.