

## Application for Membership



Mail to: Calgary Co-operative Memorial Society Ltd. ("CCMS")  
Suite 204A, 223 – 12 Avenue S.W.  
Calgary AB T2R 0G9  
(403) 248-2044  
Out-of-town: 1-800-566-9959

### NOTES:

- **Lifetime membership - \$20.00 per adult.** Please enclose a cheque or money order. Do not mail cash.
- Application form must be received with payment prior to members' death.
- Children under 18 years of age are free and covered by the parent's membership until they turn 18.
- A couple should use the same form.
- CCMS is a Not-For-Profit-Society.
- Please be sure to forward to CCMS any new/or amended contact information.

Applicant(s): Mr. Mrs. Miss. Ms. Dr. Rev. \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please check or describe how you heard about us:

Family

Friends

Website

Care provider / social worker

Other (please describe):  
\_\_\_\_\_

If you have children under 18 years of age, please write their name(s), age and date of birth below.  
*Please note that by 18 years of age children must have their own memberships.* You may also use this space to communicate any message to us.

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If you need help in completing this form – please call the CCMS office and leave a message or email [admin@calgarymemorial.com](mailto:admin@calgarymemorial.com). *Thank you.*

The information provided on this application is collected under section 36(1) of the *Province of Alberta, Societies Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the purpose of managing the membership in Calgary Co-operative Memorial Society Ltd. If you have any questions regarding the collection of this information, please contact the Membership Manager at the address or phone numbers provided.