



Contacts		
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2025 Membership Application

Single (\$70) Family (\$90)

Applicant 1: (First Name) _____ (Last Name) _____

Address, City, Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Applicant 2: (First Name) _____ (Last Name) _____

Address, City, Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Applicant 3: (First Name) _____ (Last Name) _____

Address, City, Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Applicant 4: (First Name) _____ (Last Name) _____

Address, City, Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Application Instructions

1. Complete form with details above, save it with your name as title and email it.
2. Payment can be made by email transfer. Other options request by email.
3. Send completed form and payment by email to rdsc99@gmail.com