

SING FOR LIFE SOCIETY OF ALBERTA

Mail completed form to:
Sing for Life
P.O. Box 52182
Edmonton, AB T6G 2T5

A Society Incorporated Under the Societies Act, Alberta
And A Registered Charitable Organization
Under the Income Tax Act Canada
Registration Number 82925 2766 RR0001

The **Objects** of the Society are:

- a. To develop and carry out programs for inmates, former inmates and persons of low income;
- b. To undertake activities ancillary and incidental to the attainment of the above charitable purpose.

Membership Application

It being provided in the **Bylaws** of the Society posted on its website at <http://www.singforlife.ca> that any person may become a member of the Society upon agreeing with the above Objects and to abide by its Bylaws:

I hereby so agree and:

- a. apply to become a member of the Association for **2019** and tender payment of **\$10.00** as the membership fee (**no Charitable Receipt issued**); and
- b. (optional) submit my **tax deductible Donation** of \$_____ to be applied in furtherance of the Society's objects for which I request a **Charitable Receipt** issued to me. Tax receipts will be issued for donations of \$20 or more.

Proxy: In the event that I do not attend any Annual General Meeting of the Society held in 2019 and have not given notice to the Society of revocation of the proxy hereafter provided, I hereby appoint the Secretary in office at the time of such Meeting, as my Proxy Holder, with full power of substitution, to attend, act and vote for me and on my behalf at such meeting, and at any adjournment or adjournments thereof, in the same manner as I could do if personally present and on any matter that may come before the Meeting, all in such manner as the said proxy holder may see fit.

Name (Please Print): _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

How did you hear about us? _____

If you sing in a choir, what choir(s)? _____

Signature Date

Total amount enclosed: \$ _____
(includes \$10 membership fee and optional charitable donation)

For Office Use Only	
Method of Payment: _____	Date Received: _____
Total Amount: _____	Entered into Sumac: <input type="checkbox"/> Receipt: _____
Membership: _____	Membership Confirmation sent: <input type="checkbox"/> Tax receipt sent: <input type="checkbox"/>
Donation: _____	Photocopied and filed: <input type="checkbox"/> Admin Initials: _____