

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

SING FOR LIFE SOCIETY OF ALBERTA

**A Society Incorporated Under the *Societies Act*, Alberta
And A Registered Canadian Charitable Organization
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.

2021 Membership Application

NOTE: The membership options for the Sing for Life Society of Alberta changed in 2020, as follows.

1. We offer 3 levels of membership instead of a single membership level.
2. All memberships are eligible for a charitable donation tax receipt.

Membership Level Selection

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

I hereby agree and apply to become a member of the Association for **2021** and tender payment (by cash or cheque) of the appropriate membership fee. Please select **ONE** of the following levels:

- Regular Member \$20
 Sustaining Member \$50
 Lifetime Member \$500 (one-time payment with automatic annual renewal)

Optional Donation

In addition to my membership, I also wish to make a **Donation** of \$_____ to support the Society's programs. I understand that a **Charitable Receipt** will be issued for all donations of \$20 or more.

Proxy: In the event that I do not attend any Annual or Special General Meeting of the Society held in 2021 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 membership fee and optional donation)

For Office Use Only

Method of Payment: _____

Date Received: _____

Total Amount: _____

Entered into CRM: Receipt: _____

Membership: _____

Membership Confirmation sent: Tax receipt sent:

Donation: _____

Photocopied and filed: Admin Initials: _____