



## PAGAN PRIDE PROJECT OF CALGARY SOCIETY


PO Box 35015, RPO Sarcee Calgary, Alberta T3E 7C7  
E-mail: cppd@shaw.ca

### **Membership Information** (Required unless noted) #

Name and contact information		
Legal Name:		
Member Alias :		(Optional)
Mailing Address:		
Mailing Address:		(Optional)
City:	Province:	Postal Code:
E-mail:		
Phone number: (     )     -		/Cell:     -

Please indicate how you which to receive member correspondence:  
E-mail Postal Mail Faxed to (     )     -

Initial Membership date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                  mm  dd  yyyy



I agree that the Society may use my contact information to send me Society notices and correspondence related to my membership and the Society's activities. I understand that my contact information will be kept confidential and will not be used for any other purposes unless court ordered.

Signature: \_\_\_\_\_



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