



# PAGAN PRIDE PROJECT OF CALGARY SOCIETY

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

<b>Name and contact information</b>		
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
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**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: \_\_\_\_\_

