



Elizabeth Fry
Society of Edmonton

NEW MEMBER APPLICATION FORM – INDIVIDUAL & GROUP			
APPLICANT INFORMATION			
Name of Individual or Organization:			
Date of Application		Contact Name:	
Current address:			
City:		Province:	Postal Code:
Phone:	Fax:	Membership Type: Individual _____ Group _____	
Email:		Do you wish to receive our newsletter? YES _____ NO _____	
VISION AND MISSION STATEMENT			
The Vision of the ELIZABETH FRY SOCIETY OF EDMONTON: <i>A community which supports, respects and empowers all women and girls.</i>			
The Mission of the ELIZABETH FRY SOCIETY OF EDMONTON: <i>We advance the dignity and worth of all women and girls who are or are at risk of being criminalized.</i>			
Do you support the Vision and Mission of the ELIZABETH FRY SOCIETY OF EDMONTON? YES _____ NO _____ If Yes, Please Complete Payment Section			
PAYMENT			
The ELIZABETH FRY SOCIETY OF EDMONTON requests that Individual Members pay an annual membership fee of \$5.00			
The ELIZABETH FRY SOCIETY OF EDMONTON requests that Group Members pay an annual membership fee of \$10.00			
Please Select a payment option from the choices below:			
___ Enclosed is a payment in the amount of \$5.00 in order to become an Individual member of the ELIZABETH FRY SOCIETY OF EDMONTON			
___ Enclosed is a payment in the amount of \$10.00 in order to become an Organizational member of the ELIZABETH FRY SOCIETY OF EDMONTON			
___ In addition to paying the membership fee, enclosed is an additional donation in the amount of \$ _____ in order to support the work of the ELIZABETH FRY SOCIETY OF EDMONTON			
___ I currently do not have the financial means necessary to pay the requested membership fee but would still like to be a member of the ELIZABETH FRY SOCIETY OF EDMONTON			
PLEASE SEND COMPLETED APPLICATION FORM ALONG WITH PAYMENT TO THE ADDRESS BELOW:			
ELIZABETH FRY SOCIETY OF EDMONTON 10523 100 Avenue NW Edmonton, Alberta T5J 0A8			
SIGNATURES			
Signature of Application:		Date:	