



Public Interest Alberta

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MEMBERSHIP RENEWAL FORM

If we are going to build a better Alberta, we need your support. We rely solely on the financial support of our individual and organizational members to build a strong advocacy network across Alberta. Please consider renewing your membership today!

CONTACT INFORMATION:

Name _____

Address _____

City/Province _____ Code _____

Phone _____ (hm) _____ (wk)

Fax _____ Email: _____

Organization _____

YEARLY MEMBERSHIPS: (Memberships are for a 12-month period from the date of initial application)

Individual: Regular - \$50.00 Low-income - \$20.00 Donation: _____

Organization: Affiliate - \$100.00+ Contributing - \$1,100+ Sustaining - \$27,500+

MONTHLY MEMBERSHIPS:

PRE-AUTHORIZED ELECTRONIC FUNDS TRANSFER

I HEREBY AUTHORIZE PUBLIC INTEREST ALBERTA TO INITIATE AN ELECTRONIC FUNDS TRANSFER FROM MY ACCOUNT IN THE AMOUNT OF \$ _____ EVERY MONTH STARTING THE 15TH / 30TH DAY OF _____, 2011.
(circle one)

BANK ROUTE # _____ BANK TRANSIT # _____ ACCOUNT # _____

NAME OF BANK: _____

ADDRESS: _____
STREET CITY, PROVINCE CODE

NOTE: IF YOUR DEBIT IS TO A CHEQUING ACCOUNT, PLEASE ATTACH A CHEQUE MARKED "VOID".

I FURTHER ACKNOWLEDGE BY MY SIGNATURE, DULY DATED, THAT I SHALL BE RESPONSIBLE FOR ANY COSTS INCURRED BY PUBLIC INTEREST ALBERTA THAT MAY ARISE FROM MY FAILURE TO IMMEDIATELY ADVISE THEM OF ANY CHANGE, FOR ANY REASON, TO MY BANK ACCOUNT NUMBER OR ADDRESS, FROM THE FOREGOING INFORMATION.

ACCOUNT HOLDER SIGNATURE

DATE OF SIGNATURE