

PROTOSPACE MEMBERSHIP APPLICATION FORM

Calgary Protospace Ltd
12001 44 St SE Calgary, AB T2Z 4G9

How to use this document:

1. Please fill out the form below with the appropriate information
 - a. You will require the name and signature of two current members to vouch for you as a member.
2. Once complete, you have three options for submitting this form:
 - a. Drop off a signed copy during our Tuesday night meetings (7pm-11pm @ 12001 44 St SE Calgary)
 - b. Email a scanned copy complete with signatures to info@protospace.ca.
 - c. Mail a signed copy to: Calgary Protospace Ltd, 12001 44 St SE Calgary AB T2Z 4G9
3. You will receive a confirmation email that we have received your payment, application & waiver.

Required fields are denoted with *

Contact Information

* First Name:	* Last Name:	Nickname:
Address:		
City:	Province:	Postal Code:
* Email Address:	Phone:	Mobile:

1st Sponsor Information

* First Name:	* Last Name:	Nickname:
* Email Address:		
* Date	* Signature	

2nd Sponsor Information

* First Name:	* Last Name:	Nickname:
* Email Address:		
* Date	* Signature	

I am aware of and will abide by member responsibilities listed in the Bylaws of Calgary Protospace Ltd and agree to pay the monthly dues for membership – failure to do this may result in termination of my membership. I am also aware that my application will be subject to review before my membership becomes active.

I am 18 years of age or older.

Signature of Applicant

Date Signed

