



**LETHBRIDGE LIFELONG LEARNING ASSOCIATION
MEMBERSHIP RENEWAL APPLICATION**

We collect the following information for the purpose of maintaining our membership list, and will only use this information for providing you information about LLLA and distributing the membership list only to LLLA members and Alberta Advanced Education and Technology. If you have any questions please feel free to contact us at 403-524-3868.

Name of Organization or Individual: _____

Mailing Address: _____

Postal Code: _____ Phone Number: _____

Fax Number: _____ E-mail: _____

Website: _____

Organization Representative name and title: _____

List location of organization's financial records if different from above.

Person in charge of records: _____ Phone Number: _____

PLEASE COMPLETE THE FOLLOWING:

(Only for Non-profit / Charitable organizational members)

Does the organization have general liability insurance coverage: Yes No

Period of coverage: _____ Amount of coverage: _____

The date of the most recent reviewed or audited financial statement of the organization.

Date: _____

We/I would like

ORGANIZATIONAL

INDIVIDUAL

Membership for the: _____ Year to Lethbridge Lifelong Learning Association.

We/I understand our/my eligibility, rights and responsibilities for the type of membership applied for as outlined in the **BYLAWS** of **LETHBRIDGE LIFELONG LEARNING ASSOCIATION**. We (Organizational members) agree LLLA has the right to see copies of general liability insurance coverage and reviewed/audited financial statements of the organization when requested.

Organization Representative or Individual

Signature

Date

Membership Fee of \$75.00 enclosed? Yes No

Please complete and return this form to LLLA office by January 15.

SEND TO: Lethbridge Lifelong Learning Association or

FAX TO: 403-524-3868

#506, 740 4th Avenue South

Lethbridge, AB

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