



2024 New Member Application Form

Current Members will be sent out a renewal notice

Surname: _____

Given Names: _____

Enforcement Jurisdiction: _____

City/Town: _____

Section/Division: _____

Province: _____ Postal Code: _____

Business Address: _____

Business Telephone: _____ Cell Telephone: _____

E-mail: _____

I hereby make application for membership in the Alberta Municipal Enforcement Association and agree to uphold the constitution and bylaws of the Alberta Municipal Enforcement Association.

Dated this _____ day of _____ 20__

Signature of Applicant: _____

Yearly dues of \$75.00 per member must accompany the application.
When submitting payment for more than one application please make sure that all pertinent information for each applicant is included.

Make cheques payable to:

Alberta Municipal Enforcement Association
Box 697
Edmonton, Alberta
T5J 2L4