

AT8TA MEMBERSHIP APPLICATION

NAME: _____
FIRST
MIDDLE
LAST

MAILING ADDRESS: _____
POSTAL CODE: _____

FIRST NATION: _____ DATE OF BIRTH: _____

PHONE: _____ E-MAIL ADDRESS: _____
 HOME: () _____ MOBILE: () _____

TYPE OF MEMBERSHIP:

Are you a trapline holder: yes Senior holder Junior holder
 No (if checked, applicable for Associate Membership)

TRAP # _____ REGION: _____

DO YOU HOLD AN ALBERTA LICENSED TRAPPER TRAINING CERTIFICATE?

YES, COMPLETED YEAR _____
 NO

<input type="checkbox"/> REGULAR w TRAPLINE \$20 ANNUAL	<input type="checkbox"/> ASSOCIATE \$ 10 ANNUAL	<input type="checkbox"/> REGULAR ELDER ELDER/SENIOR 65+ NO FEE	<input type="checkbox"/> YOUTH (12 – 18 YRS) NO FEE
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As a member of the Alberta & Trappers Association, I uphold the objectives and mandate of AT8TA and the Memorandum of Understanding with the Alberta Government. I value the Seven Sacred Teachings of Respect, Honesty, Courage, Truth, Humility, Wisdom and Love; all values held sacredly by Trappers and members in the Treaty & Sovereign Territory.

SIGNATURE: _____ DATE: _____

MAIL / EMAIL COMPLETED FORM ALONG WITH A **PROFILE PIC** TO:
 ALBERTA TREATY 8 TRAPPERS ASSOCIATION
 18178-102 Avenue NW
 EDMONTON, AB T5S 1S7
 Email to: pgullion@at8ta.com
 Phone: (587) 599 – 9920

FOR OFFICE USE ONLY: DATE: _____
 NEW RE-NEWEL
 STATUS: _____
 REGION: _____
 TRACK #: _____
 MEMBERSHIP TYPE: _____
 MONTH / YEAR PURCHASED / RENEWED: _____
 CARD ISSUED (DATE / INITIAL): _____
 MAILED: (INITIAL / DATE): _____