



2017 REMITTANCE FORM



THE ALBERTA FISH & GAME ASSOCIATION
 6924-104 STREET NW, EDMONTON, AB T6H 2L7
 PHONE: (780) 437-2342 FAX: (780) 438-6872
 EMAIL: membership1@afga.org

DATE: _____

CLUB NAME: _____ CLUB CODE: _____

MEMBERSHIP CONTACT: _____ DAYTIME PHONE: _____

(Any changes to membership chair please contact head office immediately)

EMAIL ADDRESS _____

_____ (R) /REGULAR Memberships @ \$28.00 = _____

_____ (F) /FAMILYHEAD Members @ \$36.00 = _____

_____ (D) /DEPENDANTS **(applies to Family memberships only) are considered to be the spouse and any children under 18 at time of registration**

_____ (Y) /YOUTH Memberships **(Anyone under the age of 18 at time of registration)**
@ \$14.00 = _____

_____ > TOTAL OF **ALL MEMBERS** on this roster
(This number must include Dependants)

AMOUNT SUBMITTED = _____

ADDITIONAL INFORMATION/COMMENTS:

DATE REC'D. : _____

FOR OFFICE USE ONLY

R _____ DATE OF CHEQ _____

F _____ CHEQUE NO. _____

D _____ TOTAL PAID _____

Y _____ DIFFERENCE _____

_____ **CURRENT TOTAL**