



ELLA Membership Form

2019 - 2020

You may apply online at <http://my-ella.com>
Or mail, phone or in person to ELLA office.

ELLA, Room L-012 Enterprise Square, 10230 Jasper Avenue
Edmonton, AB, T5J 4P6 Tel:780-492-5055

Email: exella@ualberta.ca <http://my-ella.com> Annual Membership Fee: \$25.00 CAD

<input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Change Email Address		Last Name		First Name		
		Middle Initial		Preferred <u>First</u> Name (For Communication)		
		Email address: MUST be <u>unique</u> for each member of ELLA.				
Street Address						
City		Province/State	Postal/Zip Code	Phone () -		
				Preferred Communication Email <input type="checkbox"/> Regular Mail <input type="checkbox"/>		
Privacy Statement: The personal information requested on this form is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Privacy Act for the purpose of registering students, contacting former students and tracking enrolment statistics. Questions concerning the collection, use or disposal of this information should be directed to: FOIPP contact, Faculty of Extension, University of Alberta, Enterprise Square, 10230 Jasper Avenue, Edmonton, AB T5J 4P6. Phone 780-492-3116		Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____ (payable to: ELLA) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard				
		Name on Card _____		Credit Card # _____ / _____ / _____		Office: Auth#
		Expiry Date ____ / ____		CVC number _____ (3 digit code on the back of credit card)		
		Mail / in person: Signature: _____		Date: _____		19/20
		For Office Use Only:		Initials:		
Logged in:		Membership #:	Received/Verified: _____	Date: _____ 19/20		
Has <input type="checkbox"/> Has NOT <input type="checkbox"/>		Sales Order #:	Payment Processed: _____	Date: _____ 19/20		
			Membership Entered: _____	Date: _____ 19/20		
Form Revised April 2019						

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