



LEGENDS — CLUB —

2016-17 MEMBERSHIP FORM

DATE: _____

Name: _____

Company: _____

Address _____

City _____ *Province:* _____ *Postal Code:* _____

Telephone _____ *Fax:* _____

Email: _____

2016-17 Minimum Membership Fee Donation: \$5,000

X-Small _____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

Please make your cheque payable to the "Alberta Sport Connection" and complete the attached Donation Form.

Please return this form and payment to:

The Legends Club c/o Alberta Alpine Ski Association
Suite 100, Bill Warren Training Centre, 1995 Olympic Way
Canmore, ALBERTA T1W 2T6

ATTENTION: Nigel Loring, President

Phone: 403.609.4731 Fax: 403.678-3644 E-mail: nigel@albertaalpine.ca