

This form is for past years only!

Alberta Association of Family School Liaison Workers Annual Membership Form for Past Years ____ (Year)

Please Print

Date:

Name: _____

Position: _____

Employer: _____

School District: _____


Mailing Address:

Work: _____

Work phone: _____

Home phone: _____

Email Address: _____



Indicate Year

\$40.00 _____ received
(2014 or prior)

\$50.00 _____ received
(2015 forward)

Please send in your completed renewal form and dues made payable to: The Alberta Association of Family School Liaison Workers to: (these fees can also be paid at the Annual AAFSLW Conference)

Kelsie McCabe
3598-48 Avenue
Athabasca Alberta T9S 1T9

Phone: 780-675-8305
Fax: 780-675-5933
Email: kmccabe@athabascacounty.com

Note: Membership fee is \$40.00 for past years 2014 and prior \$50.00 after this time.

Amount Enclosed: _____ Method of Payment: _____

FOR OFFICE USE ONLY:

Payment:
\$40.00 _____ received (2014 or prior)

\$50.00 _____ received (2015 forward)