A.P.S.S.C.A. MEMBERSHIP APPLICATION / RENEWAL

Return completed application/renewal to:

ALBERTA PETROLEUM STORAGE SAFETY CONTRACTORS ASSOCATION 101 Bremnar Drive Unit 5, PO Box 37503; Sherwood Park, AB T8H 0M7

Name/Address as you wish to appear on A.P.S.S.C.A mailings:

NAME		
(Last Name)	(First Name)	(Initial)
TITLE/OCCUPATIONS		
COMPANY		
ADDRESS		
POSTAL CODE		
PHONE	FAX	
Description of Company's Principa	al Activities:	
Area of Province Business Conduc	eted:	
Please enclose Membership Appli Active Member Associate Member	\$ 200.00	
Make cheque payable to A.P.S.S.C	C.A.	
Signature of Applicant:	Date	:
DO NOT WRITE BELOW THIS LINE	(Office Use Only)	
Approved:	Date:	÷ ,
Member #:	Comr	oanv: