



Calgary
Sexual Health
Centre

2010 Membership Application Form

My signature confirms that as a member of the Calgary Sexual Health Centre I accept and support the Mission Statement and basic philosophies of the organization.

Signature: _____

Application for membership is subject to approval by the Board of the Calgary Sexual Health Centre.

Full Name: _____

Full Address: _____

Email: _____ **Phone:** _____

Please mail in this application form with your membership fee of \$10.00 to:
Calgary Sexual Health Centre 304, 301 - 14 Street NW Calgary, Alberta T2N 2A1.
We will send you a membership receipt in the mail. Thank you for your support!