

**CALGARY CELIAC ASSOCIATION**

Suite 102, 6940 Fisher Road SE  
Calgary, Alberta T2H 0W3  
Charitable Registration: #119218691



**ANNUAL VOTING  
MEMBERSHIP**

Valid: Jan 1 to Dec 31

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**Annual Membership Fee: \$10.00**

**YEAR(s):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Prov:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Payment Method:**

Cheque made payable to: **The Calgary Celiac Association**

Visa  MasterCard Number: \_\_\_\_\_

Expiry \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Phone: Call our office at (403) 237-0304 to talk to a real person to renew your membership

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