|  |  |
| --- | --- |
| -colour-in-bar-ella-logo-plus-uofa-jan-2017-dq-12-01 **You may apply online at** [**http://my-ella.com**](http://my-ella.com)Or mail, phone or in person to ELLA office.  | **ELLA Membership Form****2020 - 2021**ELLA, Room L-012 Enterprise Square, 10230 Jasper AvenueEdmonton, AB, T5J 4P6 Tel:780-492-5055Email: exella@ualberta.ca <http://my-ella.com> **Annual Membership Fee**: **$25.00 CAD** |
| **❑ New Member ❑** **Renewal** | **Last Name** | **First Name** |
|  | **Middle Initial** | **Preferred First Name** (For Communication) |
|   | **Email address:** **MUST be unique for each member of ELLA.** |
| **Street Address** |   |
| **City** | **Province/State** | **Postal Code** | **Phone**  |
| ***Members of ELLA must abide by the Member Code of Conduct as described on the website*** | **Preferred Communication Email ❑** **Regular Mail ❑**  |
| **Privacy Statement:** The personal information requested on this form is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Privacy Act for the purpose of registering students, contacting former students and tracking enrolment statistics. Questions concerning the collection, use or disposal of this information should be directed to: FOIPP contact, Faculty of Extension, University of Alberta, Enterprise Square, 10230 Jasper Avenue, Edmonton, AB T5J 4P6. Phone 780-492-3116Form Revised May 2020 |

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| **For Office Use Only: Initials:** |
|  Membership #:

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Sales Order #:

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 |  | Received/Verified: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment Processed: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership Entered: \_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  |  | **Office:** **Auth#** |

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**Method of Payment: ❑ Cash ❑ Cheque #\_\_\_\_\_\_\_\_ (payable to: ELLA) ❑ VISA ❑ MasterCard**

**Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card # \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Expiry Date \_\_\_\_\_\_ / \_\_\_\_\_\_ CVC number\_\_\_\_\_\_\_\_ (3 digit code on the back of credit card)**

***Mail / in person:* Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**