



Alberta Sport Parachuting Association Membership Application and Renewal

Name: _____

Address: _____ CSPA # _____

_____ Expiry date: _____

City/Province: _____ COP and # _____

Postal Code: _____ Ratings: _____

Home Phone: _____ # of Jumps: _____

Email: _____ Date of Birth _____

Membership:* Regular New Regular Renewal Gender: Male Female
 Associate New Associate Renewal Home DZ:

*Alberta residents choose regular membership. Non-Alberta residents choose Associate membership.

Please be CLEAR when filling out this form in order to receive the newsletter.

Membership fees: \$20.00 per year, membership valid for 1 year from time of payment.

Send completed form along with payment (make cheques payable to ASPA) to:

ASPA
c/o Tina Connolly
#301, 7708 – 106 Ave NW
Edmonton, AB
T6A 1H5

Or
admin@aspa.ca