



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 Amanda Watson
13-53027 RR 20
Parkland County, AB
T7Y 2G8

Or
admin@aspa.ca