

AT8TA MEMBERSHIP APPLICATION

NAME: _____
FIRST
MIDDLE
LAST

Mailing Address: _____
 _____ Postal Code: _____

First Nation: _____
 Other: _____ Date of Birth: _____

Phone: Home: () _____	Mobile: () _____	E-mail address: _____
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TYPE OF MEMBERSHIP:

Are you a trapline holder: Yes → Senior Holder: Junior Holder:
 No *(if checked, applicable for Associate Membership)*

Trap line # _____ Region: _____

Do you hold an Alberta licensed trapper training certificate?
 Yes, completed year _____ Grandfathered year _____
 No

<input type="checkbox"/> Regular (Annual \$20) Trap line Holder Sr/Jr	<input type="checkbox"/> Associate (Annual \$10) Non-Trap Line Holder	<input type="checkbox"/> Regular (Elder 65+) No Fee /No Expiry
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As a member of the Alberta Treaty 8 Trappers Association, I uphold the objectives and mandate of AT8TA and the Memorandum of Understanding with the Alberta Government. I value the Seven Sacred Teaching of Wisdom, Honour, Courage, Trust, Respect, Humility and Love, all values held sacredly by Trappers and members in the Treaty 8 Sovereign Territory.

Signature: _____ Date: _____

Mail /Fax / email completed form to:
 Alberta Treaty 8 Trappers Association
 18178 – 102 Avenue NW
 Edmonton, AB T5S 1S7

Facsimile: Attn: AT8TA to (780) 484 – 1465
 Email: gullionpearl@gmail.com

FOR OFFICE USE ONLY: Date: _____
 New Re-newel
Status: FN/NN/NS/MT
Region: AT/BQ/KT/SL/ND/SM/WO
Track #: see tracking system
Membership Type: RQ/AT/RE
Month/Year purchased/renewed: MM YY
Card issued (date/initial): _____
Mailed: (initial/date): _____

PURCHASE:
 (1) year/annual
 (3) three years
 (5) five years