

CMCA Annual Membership Form – 2020/21



CMCA memberships are **\$20 per year, per adult**, due at the time of application/renewal. Membership is **open to all Castle residents and others with strong CMR connections**, age 18 or older. CMCA initiates and develops many projects in our community. We appreciate your membership, and your financial and volunteer support. Primary method of communication is by email. **Please email a copy/photo of your completed form, or any questions/comments, to CastleMountainCommunity@gmail.com, and eTransfer your fees and donations to treasurerCMCA@gmail.com indicating in the Notes section the name of the members your payment is covering.**

Your Name(s) & Contact Information (Please list all adults whose fees you are paying. Use back of page as needed.)

Surname	First Name	Email Address	Cell Ph #	Home Ph #	Home Location*

**Eg Home Location: Castle, Pincher Creek, CNP, Lethbridge, Calgary ... Knowing members' home locations can be useful in representing CMCA to governments.*

Your Total Annual Fees due: \$20 x #adults listed, ___ = \$ _____ **Payment Method:** Cash ___ Cheque ___ eTransfer ___ **Mail Address** Box 455 Pincher Creek T0K1W0

Your Connection(s) to CMCA (check/describe all that apply)

- Have a residence at Castle**** Cabin, suite or RV address: _____ Local ph# _____
- Work for Castle Mountain Resort (CMR)**
- Hold, or will hold, a 20/21 CMR season's pass** (Note: this, by itself, is a non-voting membership category)
- Other** (also, by itself, a non-voting membership category), please describe: _____

BACKGROUND INFORMATION (Optional)

Are you joining CMCA for the first-time ___ **OR** **renewing your membership** ___? *If renewing, in what year did you first join CMCA?* _____ (approx.)

Do you have family under age 18 who regularly join you at Castle? Yes ___ No ___ *If yes, please list their ages:* _____
(Knowing this can help us improve planning of age-appropriate and inclusive events.)

In the past few years, have you:

- Done volunteer work with CMCA? If so, THANK YOU, & please describe briefly:
- Made material donations to CMCA (eg, silent auction items)? If so, again, THANK YOU, & please describe briefly:
- Made financial donations to CMCA? If so, again, THANK YOU, & please describe briefly:

This year, are you potentially interested in:

- Doing some volunteer work with CMCA?
- Making some material donation(s) to CMCA?
- Making a financial donation to CMCA? (Note: You may add a donation to your current membership fee payment.)

Thank you very much for expressing interest in any/all of these ways of support! CMCA board members will follow-up with you.

CMCA abides by the Alberta Personal Information Act and shall not sell, barter or lease any of its membership, donor or other lists as per sections 56(1)(iii) and 56(3) of this Act.

** Residents: If CMCA should resume publishing a Residents' Directory, for distribution solely among Castle residents, would you like your information included?	
Yes ___ No ___	Signature _____ Date _____