



MEMBERSHIP AGREEMENT
Please print all information

Complete and Return To: abbotsfordbingo@gmail.com or Surface Mail: PO Box 2510 Abbotsford, B. C. V2T 6R3

Section 1: Statements of Understanding

It is agreed that _____ (Organization name) will abide by the BY-LAWS of the Abbotsford Bingo Association (ABA) found on the website abbotsfordbingo.ca. Failure to comply with the above may result in loss of membership in the Abbotsford Bingo Association.

We understand that our representative will participate in the ABA and attend the AGM or any EGM. Only one of our representatives will be recognized as a VOTING DELEGATE at the AGM or any EGM. It is our responsibility as Members to notify the ABA when any of the information contained on this form changes.

Our Society # is _____, If Applicable Our Charity # is _____

Failure to attend three consecutive ABA AGM's or EGM's will result in membership termination.

Section 2: For Communication from ABA

Primary Mailing Address Is: _____

Primary E-mail Address: _____

Primary Telephone Number: _____

Section 3: Representation in ABA

We verify that: (NAME) _____

Has been appointed as our authorized representative and will participate in the ABA.

E-mail/Phone #: _____

We verify that: (NAME) _____

Has been appointed as our authorized alternate representative and will participate as required.

E-mail/Phone #: _____

This agreement must be signed by a current Senior Officer or Director from within the Organization and returned to the ABA.

Printed Name / Senior Officer or Director Position

Signature / Date