

Friends of St. Michael's Society of Edmonton



MEMBERSHIP FORM	
Date	
Last Name	First Name
Address	
City	Postal Code
Home Ph	Alternate Ph
Email	
If my schedule permits, I am willing to lend my support by: (check all that apply)	
<input type="checkbox"/> Assisting with resident programs (Ambassador, recreational, pastoral, etc.)	
<input type="checkbox"/> Assisting with recruitment and retention of program volunteers	
<input type="checkbox"/> Assisting with an annual donor appreciation event	
<input type="checkbox"/> Assisting in staffing for bingos/casinos	
<input type="checkbox"/> Assisting in annual fundraising special event	
<input type="checkbox"/> Assisting with committees for events such as Christmas concerts, pastoral events, seasonal tributes, etc.	
<input type="checkbox"/> Assisting with introductions to service clubs (i.e. Rotary, Lions, Legions etc.)	
<input type="checkbox"/> Assisting in any way I can	
Please indicate other interests/talents:	

Mail this form to:
St. Michael's Health Group
7404 – 139 Avenue
Edmonton, AB T5C 3H7
Attention: Pat Wilkes

OR

Fax this form to:
780-472-4779