



CIAFV Individual Membership Agreement

First Name		Surname	
Agency and Program (optional)		Title (optional)	
Address			
City			Postal Code
Phone/Direct line	Cell	Fax	Email address
Membership Date		End date	

I have read, understand, and support the Vision, Mission, Involvement Principles, and Code of Conduct of CIAFV. I agree that my photograph may be taken and used for promotional purposes in CIAFV print materials and on the CIAFV website.

Signature _____

Printed Name _____ Date _____

Please return the completed form to CIAFV at:
#401, 10010 – 105 Street, Edmonton, AB T5J 1C4
Email: ciafv@shaw.ca
Fax: (780) 484-7737