



Conseil de
développement
économique
de l'Alberta

Membership Application Form

Name of business / Organization: _____

Representative's name: _____

Representative's title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax : _____

E-mail address: _____

*Web Site: _____

Type of business : _____

***Note: If you wish to have a greater visibility than direct access to your Website, please complete the Visibility form in order to have your business description posted on the CDÉA web site at www.lecdea.ca.**

Membership fees:

Private or Public business \$ 100

Institutions or Associations \$ 100

Conditions :

The information in this document will only be used for the benefit of the applicant and **the CDEA will not sell any information to anyone.**

The CDEA will share the information in this document only for business advantageous reasons for the businesses or organizations offering French or Bilingual services.

I accept the above conditions and I want to become a member of the CDÉA.

Please return this form along with your payment of \$ 100 to:

**Conseil de développement économique de l'Alberta
8929, 82 Avenue
Edmonton AB T6C 0Z2**

Or by fax followed by a cheque at : (780) 414-2885