



**CFAR SOCIETY**  
Circle for Aboriginal Relations

## Circle for Aboriginal Relations (CFAR) Society Membership Application

P.O. Box 81166  
Lake Bonavista Drive SE  
Calgary, Alberta T2J 7C9  
Website: [www.cfarsociety.ca](http://www.cfarsociety.ca)

Phone: 403.271.2262  
Toll Free: 1.877.571.2262  
Fax: 403.271.1102  
E-mail: [info@cfarsociety.ca](mailto:info@cfarsociety.ca)

### Mission Statement:

*To provide leadership in Aboriginal, government and industry relations by creating a circle to foster a broad understanding of different perspectives. CFAR facilitates the development of trust, respect and credibility among our membership and with others.*

### List of Corporate Members Form

First Name	<input type="text"/>	Last Name	<input type="text"/>	Sector	<input type="text"/>
Organization or Company	<input type="text"/>		Position	<input type="text"/>	
Name	<input type="text"/>	Phone	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>		Cell	<input type="text"/>	
City	<input type="text"/>	Prov.	<input type="text"/>	Postal Code	<input type="text"/>
				E-mail	<input type="text"/>

First Name	<input type="text"/>	Last Name	<input type="text"/>	Sector	<input type="text"/>
Organization or Company	<input type="text"/>		Position	<input type="text"/>	
Name	<input type="text"/>	Phone	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>		Cell	<input type="text"/>	
City	<input type="text"/>	Prov.	<input type="text"/>	Postal Code	<input type="text"/>
				E-mail	<input type="text"/>

First Name	<input type="text"/>	Last Name	<input type="text"/>	Sector	<input type="text"/>
Organization or Company	<input type="text"/>		Position	<input type="text"/>	
Name	<input type="text"/>	Phone	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>		Cell	<input type="text"/>	
City	<input type="text"/>	Prov.	<input type="text"/>	Postal Code	<input type="text"/>
				E-mail	<input type="text"/>

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First Name  Last Name  Sector

Organization or Company  Position

Name  Phone  Fax

Address  Cell

City  Prov.  Postal Code  E-mail

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First Name  Last Name  Sector

Organization or Company  Position

Name  Phone  Fax

Address  Cell

City  Prov.  Postal Code  E-mail

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First Name  Last Name  Sector

Organization or Company  Position

Name  Phone  Fax

Address  Cell

City  Prov.  Postal Code  E-mail

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I wish to apply for annual CFAR Society membership as a (please select your category)

Student I.D.  Expected Year of Graduation

Receipt will be issued upon submission of payment

**GST # 851153320**

Above fee is for one (1) year membership

Payment Method  Credit Card #  Name

Expiry  Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: Make Cheque payable to the Circle for Aboriginal Relations Society*

Please automatically bill me for annual membership renewal