



ESCE MEMBERSHIP RENEWAL 2019/20

I/we would like to keep my/our membership active in
the Edmonton Society for Christian Education.

Full Name(s): _____

Address: _____

City: _____ Province: _____ PC: _____

Email: _____

\$25 (membership fee for a **single person**)

\$50 (membership fee for a **family**)

\$ _____ (additional donation)

\$ _____ (**TOTAL AMOUNT ENCLOSED**)

Payment Method:

Chq (payable to ECSE)

VISA MC. AMEX

Card Number: _____

Expiry: _____

Program fees are considered membership fees
Membership fees and donations are 100% tax deductible.

Please mail or deliver to:

14304 109 Avenue Edmonton, AB T5N 1H6

Signature: _____