



Alberta Outfitters Association

Membership Application

Box 761 Cochrane, Alberta T4C 1A8
Email: aoa@albertaoutfitters.com
www.albertaoutfitters.com

Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Outfitters/Guides License or CTR Permit#: _____

Insurance Company: _____ Amount: _____
(Minimum \$2,000,000.00 required)

Operation Description: (this description will be used in reply to inquiries)

References: Applicant must be recommended by two members in good standing.

AOA Member: _____ AOA Member: _____

Membership Options; (select one)

Voting Membership: _____ \$150.00 year (Includes voting privileges and listing on the website)
Associate Membership: _____ \$50.00 year

If accepted for membership, I agree to abide by the constitution, standards and ethics as set forth by the Alberta Outfitters Association.

Signature of Applicant

Date