



Office Use Only

Date Rec _____
Receipt # _____
Package sent _____
File Updated _____

2016 MEMBERSHIP APPLICATION

Name of Business: _____ AGLC License: _____

Business Address: _____

City/Town: _____ Postal Code: _____

Owner(s): _____

Primary Telephone: _____ **Primary Email: _____

**By supplying ALSA with an email, you are agreeing to periodically receive emails of ALSA and partners information

Business Website: _____

Other Telephone: _____ Fax: _____

Mailing Address (if different): _____

City/Town: _____ Postal Code: _____

Do you own more than one liquor store? Please complete an application for each location or list all stores on back of this form. ALSA requires one application and payment for each AGLC Licensed location.

Membership year is January 1 to December 31 each year.

Annual Membership Fees \$315.00 (including GST) for each Liquor Store

New Members fees are pro-rated in first year based on month of joining after April 1.

Payment Information: Cheque (payable to ALSA) _____ OR

Visa/Mastercard (only) # _____ Expiry: _____

Cardholder Name: _____

Signature: _____ Dated: _____