

FASD

**South East Alberta
Fetal Alcohol Network**

Membership Registration

Date: _____

**Thank you for your interest in becoming a member of the
South East Alberta FASD Network Society.**

Membership is open to any group or individual declaring an interest in FASD service provision and/or supporting the FASD community and committed to the mission, vision and By-Laws of the Network.

Members are expected to attend quarterly meetings, the yearly Strategic Planning Day, and the Annual General Meeting. They may also be asked to participate at a sub-committee level or other tasks as deemed necessary by the Network.

Only a registered member can be nominated to participate on the SEAFAN Board of Directors.

**Please complete the following information and submit your registration by mail,
fax or scanned & emailed to the address below.**

Name: _____

Address: _____

E-mail: _____

Agency Affiliated with: _____

Please indicate areas in which you may be interested or willing to help!

- Becoming part of the SEAFAN Board of Directors**
- Sub-Committees**
 - FASD Conference Planning**
 - AGM**
 - Strategic Planning Day**
 - FASD Day**
 - Professional Development**

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