



Alberta Lacrosse Association

Enhance character, community, and culture through lacrosse.

COMMITTEE MEMBER APPLICATION

NAME:

CONTACT EMAIL:

CONTACT PHONE:

MEMBER ASSOCIATION:

COMMITTEE APPLYING FOR:

RELEVANT CERTIFICATIONS OR EXPERIENCE:

Before signing this form, I have read the corresponding Terms of Reference.

SIGNATURE:

DATE:

Please email application to info@albertalacrosse.com.