

MEMBERSHIP APPLICATION FORM

Personal Information

Applicant's Surname: _____ First Name: _____ Init.: _____
Spouse's Surname: _____ First Name: _____ Init.: _____
Child #1 First Name: _____ Male/Female: _____ DOB: _____
Child #2 First Name: _____ Male/Female: _____ DOB: _____
Child #3 First Name: _____ Male/Female: _____ DOB: _____
Mailing Address: _____
City: _____ Province: _____ P-Code: _____
Home Phone#: _____ Cell Phone#: _____
Email Address #1: _____
Email Address #2: _____

Volunteer Information

Please indicate the association activities below that you may be interested in volunteering for:

- | | |
|---------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Various social functions | <input type="checkbox"/> Casino |
| <input type="checkbox"/> Anniversary Dinner/Dance | <input type="checkbox"/> Cultural Show |
| <input type="checkbox"/> Games Nights | <input type="checkbox"/> Brunches/Dinners |

Please comment on any association activities you are particularly interested in or skills you possess:

I, the undersigned, hereby apply for membership with the St. Lucia/Calgary Cultural Association and promise to uphold the good name of the association while honouring the rules and regulations of the association as embodied in its constitution.

Registration Fee:

- | | |
|-----------------------------------------|------|
| <input type="checkbox"/> Family | \$30 |
| <input type="checkbox"/> Individual | \$15 |
| <input type="checkbox"/> Student/Senior | \$10 |

Signature: _____ Date: _____

TOTAL: _____

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