

Calgary Multicultural Centre Membership Application Form

Individual membership (\$25)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (res): _____ Phone (bus): _____

Fax: _____ E-mail: _____

Organizational membership (\$50)

Name of Organization: _____

Mailing Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____ Fax: _____

E-mail: _____ Web: http:// _____

Officers:

President: _____ Phone: _____

Vice President: _____ Phone: _____

Secretary: _____ Phone: _____

Treasurer: _____ Phone: _____

First Contact: _____ Phone: _____

Second Contact: _____ Phone: _____

Do you have any objection to your address and telephone numbers being given to others?

No Yes

If yes, please check which of the following you do not wish your contact information to be given to:

Other members Other organizations Public

Please send this completed form along with your cheque to:

Calgary Multicultural Centre
835 – 8th Avenue S.W.
Calgary, Alberta T2P 2T3
Fax: 234-7132

Office Use Only:

Membership Number:

Enrolment Date:

Payment Type: Cash

Cheque

VISA

Other

Payment Received by: