

The St. Lucia

Calgary Cultural Association

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:

Various social functions

Casino

Anniversary Dinner/Dance

Cultural Show

Games Nights

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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