



MEMBERSHIP APPLICATION

To apply for membership please complete all questions.

PERSONAL INFORMATION				
Applicant's Surname		First Name		
Spouse's Surname		First Name		
<i>Only children 17 years of age and younger can be registered in this section.</i>				
Child Name		M	F	Date of Birth MM/DD/YY
Child Name		M	F	Date of Birth MM/DD/YY
Child Name		M	F	Date of Birth MM/DD/YY
Mailing Address				
City		Province		Postal Code
Home Number		Cell Number		
Email Address		Alternate Email Address		
VOLUNTEER INFORMATION				
Please indicate which association activities below that you may be interested in volunteering for:				
Social Functions	Casino	Anniversary Event	Cultural Show	
Games Night	Brunches and Dinners	Other		
REGISTRATION FEE				
Family \$30	Individual \$15	Student/Senior \$10		
I hereby apply for membership with the St. Lucia/Calgary Cultural Association and acknowledge that I will abide by the rules and regulations outlined in its constitution.				
Signature		Date		
Please send membership fees via etransfer to slucalgary@gmail.com .				