

[User ID for office use

## Afghan Canadian Society Lethbridge Membership Form

Thank you for agreeing to become a Member of the Afghan Canadian Society Lethbridge. We are delighted to have your support. **Please return this form** to Afghan Society Lethbridge, 1216 Lakewood Rd S, Lethbridge, AB T1K 3E1 or **email** to info@acsleth.org

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First Name	
Last Name	
Email address	
Phone number	
Address	
Interest in Afghani	istan (optional)
Affiliation/organiza	ration (optional)
Your information will b	be processed in accordance with our Privacy Policy and PIEDA Declaration (available on request)
Membership: (ple	ease tick one) Annual membership \$50 Senior/Student annual membership \$25
If you would like to make additional donation to the Society, please add this to your payment and show the amount here \$	
	ent: membership fee on our website acsleth.org with a credit card <i>Visa, Mastercard,</i> ransfer to <i>info@acsleth.org</i>
Or <i>Cheque</i> made p	payable to ACSL (Afghan Canadian Society Lethbridge), 324 1 Ave S, Lethbridge, Alberta
Or Bank Transfer (	(WIRE) to: ACSL (Afghan Canadian Society Lethbridge), Scotia Bank SWIFT Code NOSCCATTXXX Account No. 000590302112
PLEASE MAKE SUR receipt? Yes/No	RE YOU IDENTIFY YOUR PAYMENT WITH YOUR NAME AS REFERENCE. Do you need a
How did you hear	about us?
Would you be willi	ing to volunteer? Yes/No
Signed	Date
1216 Lakewood F	Rd S, Lethbridge, AB T1K 3E1 (ACSL) info@acsleth.org, Bus NO: 792929168