

For Office Use:

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## ABORIGINAL FRIENDSHIP CENTRE OF CALGARY

### Membership Form

TO BE ELIGIBLE TO VOTE AT THE AGM, YOUR MEMBERSHIP MUST BE IN GOOD STANDING 60 DAYS PRIOR TO THE AGM & YOU MUST BE 18 YEARS OF AGE or OLDER

Please check one:

**\$3 Single one year**       **\$5 Family one year**

Family membership includes spouse and your children 17 years and under

#### Applicant Information

Please Print Clearly

Name:

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)

Phone:

Current Address:

City:

Pr:

PC:

Would you consent to have your email address added to our AFCC Distribution List?    Yes \_\_\_ No \_\_\_

Email:

#### Employment Information / Alternative Address (optional)

Company:

Phone:

Fax:

E-mail:

City:

#### Emergency Contact

Name of a relative/friend not residing with you:

City:

Phone:

Relationship:

#### Volunteer

Would you be interested in volunteering:      YES                      NO (please circle one)

Signature of Applicant:

Date:

#### Family Members

Name/spouse

D.O.B.:

Name:

D.O.B.:

Name:

D.O.B.:

Name:

D.O.B.:

#### FOR OFFICE USE ONLY

PAYMENT RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)

DATE MEMBERSHIP PROCESSED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)

RENEWAL DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Month/Day/Year    RECEIPT # \_\_\_\_\_