



**Haiti Association Of Calgary**  
**Association de la Communauté Haitienne de Calgary (ACHC)**  
 515, 3208 – 8 Ave NE, Calgary, Alberta, T2A 7V8  
 www.haiticalgary.com Phone: 403-453-0108  
**MEMBERSHIP APPLICATION FORM**



Name of Applicant: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Published: Yes No

Email: \_\_\_\_\_

Birth day : Applicant \_\_\_\_\_ Spouse: \_\_\_\_\_  
(dd/mm/yr) (dd/mm/yr)

Sex: Male Female

Place of Birth (City,Country): \_\_\_\_\_

Haitian Descent: Yes No

Status in Canada:  Resident  Visitor  Other \_\_\_\_\_

Membership Type  Family - (\$20 per annum)  
 Individual – (\$15 per annum)

Additional Family Members

Name	Sex	Birth day (dd/mm/yr)
	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F	

I/We hereby apply for membership in the Haiti Association of Calgary. If accepted, I/We agree to abide by the rules as set out in the By-Laws of the said Association.

\_\_\_\_\_  
Date Signature of Applicant

**DO NOT WRITE IN THE SECTION BELOW (For Membership Secretary Only)**

\_\_\_\_\_

Date Received \_\_\_\_\_ Status: Approved Rejected Pending

Signature \_\_\_\_\_ Name \_\_\_\_\_

Please enclose the appropriate membership fee (cheque only). Cheques should be made payable to the ACHC.