

Haiti Association Of Calgary Association de la Communaute Haitienne de Calgary (ACHC) 515, 3208 – 8 Ave NE, Calgary, Alberta, T2A 7V8

www.haiticalgary.com Phone: 403-453-0108



MEMBERSHIP APPLICATION FORM

Telephone:	Name of Applicant:									
Telephone:	Name of Spouse:									
Birthday (Applicant): (dd/mm/yr) Sex:	Address:									
(dd/mm/yr)	Telephone:						Published:	☐ Yes	☐ No	
Sex:	Birthday (Applicant):				Spouse	e:				
Place of Birth: (City, Country) Haitian Descent:	(dd/mm/yr)						(dd	l/mm/yr)		
Haitian Descent:	Sex:	■ Male	☐ Male ☐ Female							
Status in Canada:	Place of Birth: (City,	Country)								
Membership Type:	Haitian Descent:	☐ Yes	□ N	Ю						
Additional Family Members: Name	Status in Canada:	□ Resident	□V	isitor	☐ Othe	er:				
Additional Family Members: Name	Membership Type:	☐ Family (\$30	☐ Family (\$30/year)		☐ Senior (\$15/year)					
Name Sex Birthday (dd/mm/yr) M F M F M F M F ACHC is always looking for volunteers to assist in delivering programs, services and events to the community. Please check where you would you like to help: Flag Day Celebration Clerical Other (Casino, BBQ, AB Culture Days etc.) 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 SECTION BELOW (For Membership Secretary Only) Date Received: Status: Approved Rejected Pending Signature: Name:		☐ Individual (☐ Individual (\$20/year)			☐ Student (\$15/year)				
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