



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

Birthday (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 (\$30/year) ☐ Senior (\$15/year)
☐ Individual (\$20/year) ☐ Student (\$15/year)

Additional Family Members:

Name	Sex	Birthday (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	

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 ☐ Festivals
☐ 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: _____

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