



CANORIENT CHRISTIAN ASSOCIATION - CALGARY CHAPTER
MEMBERSHIP FORM

<u>Membership rates</u>	
<i>Family (includes children under 18):</i>	<i>\$30.00</i>
<i>Single (18+):</i>	<i>\$15.00</i>
<i>Single Associate Member (under 25 years with Student ID):</i>	<i>\$10.00</i>
<i>Senior (60+):</i>	<i>\$5.00</i>

Membership category (please select one)

- Ordinary Associate New Immigrant

Name of principal applicant:

Name of spouse (if applicable):

Name of dependent	Age
_____	_____
_____	_____
_____	_____
_____	_____

Mailing address: _____

 Postal code: _____
 Phone number(s): _____
 Email address: _____

Contact Preference	
<input type="checkbox"/>	Phone
<input type="checkbox"/>	Email

I/We would like to apply for membership to the Calgary Chapter of the Canorient Christian Association. Enclosed is my/our membership for the year _____.

Declaration: I agree to comply with the rules and regulations as contained in the Association's by-laws.

Signature

Date