

Membership Application Form

Mailing Address: 130 – 3757 Jacombs Road, Richmond, BC V6V 2R3

(PLEASE PRINT)

ate:		-	,		
Adult Family Members	<u> </u>				
Surname:			Surname:		
First Name:			First Name:		
First Name:			First Name:		
Youth / Children (18 ye	ears and under)				
Surname		Birthdate (mm/dd/yyyy)			
First Name:					
First Name:					
First Name:					
Resident Address:					
	Apt. Number	Street Nu	ımber	Name of Street or Avenue	
	City	Province	/ State	Postal / Zip Code	
Contact Address: (if applicable)					
(ii applicatio)	Apt. Number	Street Nu	ımber	Name of Street or Avenue	
	City	Province	/ State	Postal / Zip Code	
Telephone: ()		Email:			
Preferred Method of Communication:		Phone	Email		
Additional Email addr	esses (if required):			
Email:		Fn	nail:		

Membership	Initiation Fee (one-time fee)	Adult Member (voting member)	Associate Member (non-voting-member)	Youth Child (18 years & under)
Fee Schedule	\$15.00 per individual	\$30.00	\$20.00	Free

Applicant's Signature:

I acknowledge that the contact information given by me on this form may be used for contact purposes only by the Casa. I also agree to abide by the policies, by-laws and standing rules of the Casa.

Purpos	e ot tne	e Association
		ocial club to bring together the Macaense Community, and to pursue, promote and provide al, cultural, historic, culinary, linguistic programs and activities for the members.
		Sponsored by (voting members):
Name:		Date:
Signatu	re:	
Name:		Date:
Signatu	re:	
		Accepted by Executive Committee - Date:
Name:	Presid	Signature:
Name:	1 st Vice	Signature:
Name:		Signature:
	VIC	:e-riesideni

Please make cheques payable to: **Casa de Macau Club (Vancouver)** and send with completed form to the mailing address shown.

Signature:

Signature:

Name:

Name:

Treasurer

Secretary