



MEMBERSHIP FORM

SURNAME: _____ FIRST NAME: _____

SPOUSE NAME IF APPLICABLE: _____

CHILD/CHILDREN NAME IF APPLICABLE (and ages):

MAILING ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL/ZIP CODE: _____

PHONE: _____ TYPE: _____ PHONE: _____ TYPE: _____

EMAIL: _____ EMAIL: _____

NOTES (I.e: Professional affiliations, special talents, call to volunteer):

MEMBERSHIP TYPE:

FAMILY \$25/family per annum

SINGLE (21 and over) \$15/pp per annum

YOUTH (Under 21) \$10/pp per annum

SENIOR (65 and over) \$10/pp per annum

PAYMENT METHOD:

CASH **CHEQUE*** **VISA** **MASTERCARD** **AMEX** **E-TRANSFER**

MEMBER SIGNATURE: _____ ** DATE: _____

*All cheques to be made payable to **Sindhi Cultural Association of Toronto** and mailed to 207 Queens Plate Drive, Toronto, ON M9W 6Z7 **By signing the above, the member agrees to the following:

1. For S.C.A.T to maintain the information within a database. All information given is accurate at date of signing. If there are periodical changes to be made, it is the members responsibility to advise the association in writing
2. All membership dues are valid for the period of Jan 1 – Dec 31 (1 calendar year) regardless of which month the dues are collected
3. For further information please contact any of the Sindhi Cultural Association of Toronto Board Members. Full details are available via the website www.sindhisoftoronto.ca