

## <u>Individual</u>

## Membership Application

22 Hobson Ave. Toronto, ON, M4A 1Y2 416-757-2553 www.afghancanada.com

Membership #:	Applicant
First Name	
Last Name	
Middle Name	
Date of birth	MM / DD / YY
Cell Phone #	
Phone Numbers	Home: / / Work: / /
Email	
Street #/Apartment #	
City	
Province	Ontario
Postal Code	
Membership Level	Monthly: \$25 Annually: \$300
Payment Type	Cash Pre-Authorized Check Credit Card
<ul> <li>In the case of termination of members which become payable by him/her to</li> <li>Members will be eligible for funeral</li> <li>ACIC will suspend the membership to</li> <li>Violating any provision of the article</li> <li>Carrying out any conduct which man</li> </ul>	es, by-laws or written policies of the Corporation.  y be detrimental to the Corporation as determined by the board in its sole discretion.  due date. Suspended membership not be eligible for any ACIC benefits and services. Membership
Yes, I agree to all membership ter	ms and conditions:
Applicant's Sigr	nature: Date: MM / DD / YY