



MEMBERSHIP APPLICATION

Membership Annual Fees are due and payable on June 1st of each year

APPLICANT INFORMATION

We will **NOT** disclose your personal information

NAME:		
DATE OF BIRTH: DAY / MONTH / YEAR	PHONE: ()	CELL: ()
E-MAIL:	OCCUPATION:	
CURRENT ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
ARE YOU INTERESTED IN VOLUNTEERING ? <input type="checkbox"/> YES <input type="checkbox"/> NO *IF YES, PLEASE CHECK YOUR AREA OF INTEREST: (you can check more than one option)		
<input type="checkbox"/> EVENTS <input type="checkbox"/> FOOD & BEVERAGE <input type="checkbox"/> SPORTS <input type="checkbox"/> ARTS & CULTURE <input type="checkbox"/> MEDIA <input type="checkbox"/> LANGUAGES <input type="checkbox"/> CHILDREN		
<input type="checkbox"/> MUSIC <input type="checkbox"/> UKRAINIAN HISTORY <input type="checkbox"/> OFFICE WORK <input type="checkbox"/> OTHER (SPECIFY): _____		

SPOUSE INFORMATION (IF JOINT MEMBERSHIP)

NAME:		
DATE OF BIRTH: DAY / MONTH / YEAR	PHONE: ()	CELL: ()
E-MAIL:	OCCUPATION:	
ARE YOU INTERESTED IN VOLUNTEERING ? <input type="checkbox"/> YES <input type="checkbox"/> NO *IF YES, PLEASE CHECK YOUR AREA OF INTEREST: (you can check more than one option)		
<input type="checkbox"/> EVENTS <input type="checkbox"/> FOOD & BEVERAGE <input type="checkbox"/> SPORTS <input type="checkbox"/> ARTS & CULTURE <input type="checkbox"/> MEDIA <input type="checkbox"/> LANGUAGES <input type="checkbox"/> CHILDREN		
<input type="checkbox"/> MUSIC <input type="checkbox"/> UKRAINIAN HISTORY <input type="checkbox"/> OFFICE WORK <input type="checkbox"/> OTHER (SPECIFY): _____		

CHILDREN UNDER 16 YEARS OF AGE

NAME:	NAME:
NAME:	NAME:

Please let us know how did you find out about our UCPBA Association:

a friend a UCPBA member our Website Other (please specify): _____

IF SOMEONE FROM UCPBA HAS INVITED YOU TO BECOME A MEMBER, PLEASE PROVIDE THE NAME OF THIS PERSON:

NAME:

SIGNATURE OF APPLICANT:	DATE:
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SIGNATURE OF SPOUSE (if a joint membership):	DATE:
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