Brazilian Association of Saskatoon

Please, fill it out and send it with payment to: 23 Grandview Trail, Corman Park, S7T 0W5

MEMBERSHIP APPLICATION

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

APPLICANT INFORMATION

We will **NOT** disclose your personal information

NAME:

DATE OF BIRTH: / /

PHONE: ( ) CELL: ( )

E-MAIL:

OCCUPATION:

CURRENT ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

ARE YOU INTERESTED IN VOLUNTEERING ? ☐ YES ☐ NO

*IF YES, PLEASE CHECK YOUR AREA OF INTEREST: (you can check more than one option)

☐ EVENTS ☐ FOOD & BEVERAGE ☐ SPORTS ☐ ARTS & CULTURE ☐ MEDIA ☐ LANGUAGES ☐ CHILDREN

☐ MUSIC ☐ BRAZILIAN HISTORY ☐ OFFICE WORK ☐ OTHER (SPECIFY):_____

SPOUSE INFORMATION (IF JOINT MEMBERSHIP)

NAME:

DATE OF BIRTH: / /

PHONE: ( ) CELL: ( )

E-MAIL:

OCCUPATION:

ARE YOU INTERESTED IN VOLUNTEERING ? ☐ YES ☐ NO

*IF YES, PLEASE CHECK YOUR AREA OF INTEREST: (you can check more than one option)

☐ EVENTS ☐ FOOD & BEVERAGE ☐ SPORTS ☐ ARTS & CULTURE ☐ MEDIA ☐ LANGUAGES ☐ CHILDREN

☐ MUSIC ☐ BRAZILIAN HISTORY ☐ OFFICE WORK ☐ OTHER (SPECIFY):_____

CHILDREN UNDER 16 YEARS OF AGE

NAME:

NAME:

NAME:

NAME:

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

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

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

NAME:

SIGNATURE OF APPLICANT: DATE:

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