



Membership Form

0. For Official Use Only (please, do not feel in this part)			
0.1. Membership #	02. Processed by:	0.3. Assigned by:	0.4. Initial of assigning officer:
0.5. Decision on application:	0.6. Membership Category:		0.7. Date of decision:

1. Details of Membership Applicant			
1.1. Date of Birth:	1.2. Place of Birth:	1.3. Province and Country of Birth:	1.4. Marital Status:
1.5. First name:		1.6. Middle name:	1.7. Last name:

2. Applicant's Address			
2.1. First day on this address:/...../.....			
2.2. House #	2.3. Street name & direction (East, West, South, North) if applicable:		2.4. Apt. #
2.5. City:		2.6. Province:	2.7. Country:
2.8. Postal Code:			
2.9. Home Phone #	2.10. Cell Phone #	2.11. Fax #	2.12. Email:

3. Applicant Personal Details	
3.1. Level of Education and field of study:	3.2. Last Institution attended, place and country:
3.3. Occupation:	3.4. Place of Work:
3.5. Profession:	3.6. Field of Work Interest:
3.7. Immigration Status in Canada:	3.8. Resident of Canada since when:
3.9. Number of Dependents:	3.10. Relationship with dependants:

4. Please, submit this application form, dully filled and signed, to the address above along with your membership fee. An application will not be processed until membership fee is received in full.
5. Note that this application is subject to approval by the Board of Directors of CBCA Toronto as required by its regulations. In the event membership is declined, the Board will provide its reasons and this will be communicated to you in writing along with the refund of the membership fee paid. You have the right to appeal the Board's decision to the General Assembly.
6. By signing and dating this membership application form, applicant hereby authorizes CBCA Toronto to use the information provided herein, if it finds it necessary to do so, in its services to applicant and/or members of the community and/or in social research.

7.1. Signature:

7.2. Date: Day: /Month: /Year: