



MEMBERSHIP APPLICATION FORM

Bengali Association of Calgary (BAC)
4315-26th Ave SE Calgary, Alberta
Canada, Postal Code: T2B 0E1

NAME (Please print full name):

ADDRESS:

.....

.....

PHONE NUMBER (home):

(Cell):

E-MAIL ADDRESS:

NAME OF SPOUSE:

NAME OF CHILDREN

(Below 18 years old) 1.

2.

ARE YOU A MEMBER OF ANY SOCIAL ORGANIZATIONS/ASSOCIATIONS?

YES / NO

IF YES, PLEASE SPECIFY BELOW:

.....

TOTAL NUMBER OF FAMILY MEMBERS:

Yes, I / we agree to print my name, my spouse's name, home address and phone number in any BAC publications.

If No, please initial here:

I / We hereby confirm that I / We shall abide by the rules, regulations and By-Laws of the Bengali Association of Calgary (BAC).

.....

(SIGNATURE)

.....

(DATE: dd/mm/yy)

.....

(SIGNATURE)

.....

(DATE: dd/mm/yy)

FOR OFFICE USE:

.....

(Name)

(Signature)

(Date)