



ANKAWA SOCIETY OF CANADA
WORKING TO UNITE THE COMMUNITY



Membership Form

Full Name: _____

Residence Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Information :

(1) Home Number: () _____

(2) Cell Number: () _____

(3) E mail Address: () _____

Family Size: () Members

Membership fee: \$100.00 (One Hundred dollars) yearly

Paid: Cash () Cheque ()

Comments/Suggestions: _____

Signature: _____

Date: _____ Form Number: _____



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I _____, hereby apply for membership in with the Ankawa Society of
NAME IN FULL

Canada. If my application is accepted, I agree to abide by the By-Laws, Rules and Regulations passed by the Society at any time. I am a member thereof and will pay all fees set by the Society. I also understand that privileges of the Society will not be available to me until I receive notice from the Society's Secretary regarding the acceptance of my application, and that if not accepted, the fees attached hereto will be returned promptly.

All persons in the premises and utilizing the facilities of the Ankawa Society of Canada do so at their own risk and the Society shall not be liable for personal injury, death, loss of property, property damage or any costs whatsoever in any way resulting from such use, whether or not caused by the negligence of the Society, its employees, contractors, members or guests.

Date: _____ Telephone No. (____) _____

Signature of the Applicant: _____

The undersigned Members of the Ankawa Society of Canada are personally acquainted with and recommend the applicant (whose signature appears above) for admission to gain membership with the Society.

Nominated by Society Member: _____ Signature: _____
PLEASE PRINT