



## 2017 MEMBERSHIP APPLICATION

LAST NAME

GIVEN NAME(S)

PLACE AND DATE OF BIRTH

EMAIL

HOME PHONE

CELL PHONE

(    )

(    )

ADDRESS

CITY AND POSTAL CODE

Please provide the full names and place/dates of birth of your family members covered under the same application.

Full Name	Place of birth	Date of birth

Please briefly describe your background and why you wish to be a member:

Name/signature of APPLICANT

Date of application

Name/signature of 1<sup>st</sup> SPONSOR

Name/signature of 2<sup>nd</sup> SPONSOR

Name/signature of 3<sup>rd</sup> SPONSOR

DUES: Annual fee: \$36

The objective of the Casa is to unite Canadians of Macau origin and to preserve and perpetuate the Portuguese tradition as evolved in Macau in all our programs and activities. When you choose to be a member of the organization, you are making a commitment to understand and actively contribute to the achievement of the organization's objective. Your membership application will be activated as soon as it is approved by the Board.

Our mailing address is: Casa de Macau Cultural and Recreational Centre, 4168 Finch Avenue East, Unit PH39, Scarborough, Ontario M1S 5H6.