



MEMBERSHIP APPLICATION FORM

Last Name: _____ First Name: _____

Name of Spouse: _____

Names of Children (below 21 years) and their Ages:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Residence Status:

Canadian Citizen

Landed Immigrant

Other

[Please indicate with ✓]

Home Address with Postal Code: _____

_____ Calgary, Alberta. Postal Code: _ _ _ _ _

Phone No. (Home): _ _ _ _ _ (Cell): _____

Email Address: _____

- Membership Type: Life – Family (\$200.00) Life – Senior (\$50.00/person)
- [Please circle one] Family (\$25.00) Single (\$20.00)
- Student (\$10.00) Senior (\$10.00)
- Associate – Family (\$25.00) Associate – Single (\$20.00)

We will make the personal information available to add in Directory for Pakistani Community. If you prefer NOT to add your information in Pakistani Directory, Please check the box and initial here: _____

Signature: Date: _____

Must be recommended by a PCA member:

For Office Use Only: **General Secretary**

Application Accepted Application Rejected Reason: _____