



Fiji Canada Association

13629 108 Avenue, Surrey, BC V3T 2K4

Mailing Address : P.O. Box 29, 10688 King George Boulevard, Surrey, BC V3T 4W4 Telephone: 778 395 0903

MEMBERSHIP APPLICATION FORM

NEW APPLICATION RENEWAL

FULL NAME _____
LAST NAME FIRST NAME

ADDRESS _____
STREET CITY

PROVINCE _____ POSTAL CODE _____

PHONE _____
HOME MOBILE EMAIL

CANADIAN RESIDENTIAL STATUS PERMANENT RESIDENT CITIZEN OTHER

THE FOLLOWING PERSONAL INFORMATION IS DISCRETIONARY

AGE MARITAL STATUS SINGLE MARRIED WIDOW WIDOWER

MEMBERSHIP CATEGORY APPLIED

REGULAR MEMBER SENIOR MEMBER OVER 55 YEARS OF AGE ASSOCIATE MEMBER SENIOR ASSOCIATE MEMBER OVER 55 YEARS OF AGE
 SPECIAL MEMBER EXTRA SPECIAL MEMBER

EXPIRY DATE March 31st | 20 YEAR

MEMBERSHIP FEE

MEMBERSHIP \$20.00 NEW MEMBERSHIP APPLIED AFTER OCTOBER 31st. \$10.00 SPECIAL MEMBERSHIP \$500.00 EXTRA SPECIAL MEMBERSHIP \$1000.00

ANNUAL MEMBERSHIP RENEWAL IS NOT REQUIRED FOR SPECIAL AND EXTRA SPECIAL MEMBERSHIP CATEGORIES

OCCUPATION _____ ACTIVE RETIRED

SPECIAL SKILL and INTEREST _____

DECLARATION BY THE APPLICANT

I hereby affirm by signing this Membership Application Form that the information supplied is true and correct.
I agree to abide by the Constitution and Bylaws of the Association.

SIGNATURE OF THE APPLICANT _____

RECOMMENDED BY
PRINT NAME _____

SIGNATURE _____

DATE _____
MM | DD | YYYY

RECEIPT No. _____

DATE ISSUED MM | DD | YYYY

OFFICIAL USE ONLY

APPROVED

DENIED DATE MM | DD | YYYY

SECRETARY
PRINT NAME _____

SIGNATURE _____