



PCCA MEMBERSHIP APPLICATION FORM

Membership # _____

Last Name: _____ First Name: _____

Profession: (Optional) _____

Residence Status: Canadian Citizen [] Landed Immigrant [] Other [] 18+ Years of age: Yes [] No []

Home Address: _____

City: _____, Alberta. Postal Code: _____

Phone No. (Home): _____ (Work): _____

Email Address: _____

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: []

Volunteering

I'll be willing to volunteer for:

- Board of Directors [] Special Events []
Membership Drives [] Other []
Fundraisings []

Membership Type: Life - Single (\$100.00) Senior (FREE)
Single (\$5.00) Student (FREE) Institution:
Associate (\$5.00) Donation: \$

I hereby apply for membership in the PCCA of Alberta in accordance with bylaws / Constitution

Signatures: _____ Date: _____

Must be recommended by a PCCA member: (Name) _____

For Office Use Only
General Secretary: _____ Treasurer: _____
Annual Fee Paid: Yes [] No [] Donation: \$ _____