



FILIPINO CANADIAN KAMLOOPS AND DISTRICT

ASSOCIATION OF

DATE: _____

MEMBERSHIP TYPE: New _____ Renewal _____

FIRST NAME: _____ BIRTHDATE: _____

LAST NAME: _____ GENDER: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

INTERESTS/SKILLS: _____

FAMILY INFORMATION

SPOUSE NAME: _____ BIRTHDATE: _____

ANNIVERSARY: _____

Please check the membership package that you like:

Family (\$20.00) _____

Individual (\$10.00) _____

(Including spouse & children 17 years old & below)

(18 years old & above)

CHILDREN:

Name	Birthdate

Please fill up this form and mail it to the address below with your check payable to Filipino-Canadian Association of Kamloops and District

Address: 40-800 Southill St., Kamloops, BC V2B 5L8

Signature