

MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

P/CODE: _____

PHONE _____

EMAIL _____

I consent to receiving newsletters and notices by email: YES / NO

Organizations you are currently or have previously been a member of:

UKRAINIAN

PROFESSIONAL
OR VOCATIONAL

OTHER _____

I would like to volunteer in the area(s) of:

- FUND RAISING CULTURAL PROGRAMS WEBSITE/TECHNOLOGY MARKETING
 MEMBERSHIP FACILITY UPKEEP DEVELOPMENT LIBRARY ADMINISTRATIVE ASSISTANT

My cheque in the amount of \$75 (\$50 for initial enrolment and \$25 for annual dues) is attached, payable to St. Vladimir Institute

Debit my credit card in the amount of \$75. Card # _____

EXPIRY DATE _____ / _____ SIGNATURE _____ (or call 416-923-3318 for payment by telephone.)

I am recommended for membership by the following Institute members:

(Signatures are not required. If you do not have references, please note this and submit your application.)

1. _____ 2. _____

DATE _____ SIGNATURE OF APPLICANT _____

For office use only: Application approved on the _____ day of _____, 20____, by:

PRESIDENT _____ SECRETARY _____

Payment received on the _____ day of _____, 20____, by: _____