

TURKISH SOCIETY OF CANADA

Membership Application Form

Membership Category:

() Individual member: \$20

() Student / Senior (+ 65): \$10

Member contact info:

Title: Mr Mrs Miss Ms

Name: _____ Last Name: _____

Occupation: _____

Address: _____

City: _____ Postal code: _____

Province: _____ Country: _____

E-mail: _____ Phone: _____

Preferred type of contact: (please select one)

E-mail: _____ Phone: _____ Mail: _____

Referred by (if Applicable): _____

Signature: _____

Date: ____/____/____
D M Y

We have activities for children and youth. Please provide information regarding your children (e.g. name, age):

Please fill in your information. Mail the completed and signed form with your cheque to the address at the bottom of the page. Please make your cheque payable to: Turkish Society of Canada. Thank you!