



Brazilian Association of Saskatoon

MEMBERSHIP APPLICATION

Membership Annual Fees are due and payable on January 1st of each year

APPLICANT INFORMATION

We will **NOT** disclose your personal information

NAME:

DATE OF BIRTH: DAY / MONTH / YEAR

PHONE: () CELL: ()

E-MAIL:

OCCUPATION:

CURRENT ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

ARE YOU INTERESTED IN VOLUNTEERING ? YES NO *IF YES, PLEASE CHECK YOUR AREA OF INTEREST: (you can check more than one option)

EVENTS FOOD & BEVERAGE SPORTS ARTS & CULTURE MEDIA LANGUAGES CHILDREN

MUSIC BRAZILIAN HISTORY OFFICE WORK OTHER (SPECIFY): _____

SPOUSE INFORMATION (IF JOINT MEMBERSHIP)

NAME:

DATE OF BIRTH: DAY / MONTH / YEAR

PHONE: () CELL: ()

E-MAIL:

OCCUPATION:

ARE YOU INTERESTED IN VOLUNTEERING ? YES NO *IF YES, PLEASE CHECK YOUR AREA OF INTEREST: (you can check more than one option)

EVENTS FOOD & BEVERAGE SPORTS ARTS & CULTURE MEDIA LANGUAGES CHILDREN

MUSIC BRAZILIAN HISTORY OFFICE WORK OTHER (SPECIFY): _____

CHILDREN UNDER 16 YEARS OF AGE

NAME:

NAME:

NAME:

NAME:

Please let us know how did you find out about our Brazilian Association:

a friend a BRASA member our Website Other (please specify): _____

IF SOMEONE FROM BRASA HAS INVITED YOU TO BECOME A MEMBER, PLEASE PROVIDE THE NAME OF THIS PERSON:

NAME:

SIGNATURE OF APPLICANT: DATE:

SIGNATURE OF SPOUSE (if a joint membership): DATE: