

**Membership Application for Anavil Samaj of Canada:**

63 Larkin Avenue Markham, On. L3P 4R1

Telephone: 905-471-7662

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Name of the Dependents:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

FOR OFFICE USE ONLY

Mailing Address:

Street: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Category: (Please Check one)

Full Family Membership: \$ \_\_\_\_\_

Partial Family Membership: \$ \_\_\_\_\_

Single Membership: \$ \_\_\_\_\_

Anavil Senior Membership: \$ \_\_\_\_\_

Associate/Honorary Membership: \$ FREE

Method of Payment: (Please circle one) CASH    CHEQUE

(Payment must accompany the application)

I have received the copy of the constitution of Anavil Samaj of Canada and I agree to fully comply with the aims and by-laws of the constitution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_