PAKISTAN CANADA ASSOCIATION OF EDMONTON

9226 39 Avenue NW, Edmonton, Alberta, Canada T6E 5T9

(For the years 2024 & 2025)

MEMBERSHIP APPLICATION FORM

ALL INFORMATION IS MANDATORY EXCEPT OTHERWISE AS MENTIONED ***(For Office Use Only)*** ***Application #:*** _____

NAME: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Jr.	**APPLICATION DATE:**
First *Middle* *Last*	**AGE:** *(mm / yyyy) or age*
ADDRESS: *(Line 1)*	*City* *Province*
(Line 2)	*Postal Code*
PHONE: *(Provide minimum one)* *(HOME)* *(CELL)*	**Email:**
Person of Pakistani Origin: *(Mark X)* Yes ☐ No ☐	
EDUCATION: *(Optional)*	**OCCUPATION**: *(Optional)* / **INDUSTRY**: *(Optional)*

Enclosed is $_____ on account for membership fee — Donation: *(Optional)* $_____

PAID BY: Cash ☐ Cheque ☐ Other:_____ — Received By: *(NAME)* _____

I would like to receive PCAE newsletter via email: *(Mark X)* Yes ☐ No ☐

Signed paper application will be accepted in person only (along with one piece of ID)

☐ Full Member	☐ Senior Member	☐ Youth Member	☐ Life time Member

Volunteering interest: Yes ☐ No ☐ If yes, please specify interests:

APPLICANT'S AUTHORIZATION, CONSENT & DECLARATION

1. *I hereby declare that the information provided above is true to the best of my knowledge*
2. *I will abide by the rules and regulations set by the association as per it's Bylaws*
3. *I understand membrship is not valid untill approved, and membership fee of $10.0 (for 2024 - 2025 term) is non refundable*
4. *I understand that in the event of mandatory information being incomplete, application will not be approved*
5. *I understand that any personal information will be treated in accordance with Alberta's Personal Information Protection Act (PIPA) and according to Canada Anti-Spam Law(CASL)*
6. *I acknowledge that PCAE may use my information for the association related activities, events and programs*

APPLICANT'S SIGNATURE: *(Parents can sign for under 18)*	**SUBMITTED BY:** Name & Signature *(If other than applicant)*
DATE SIGNED: _____	**DATE SUBMITTED:** _____

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RECIEVED BY: *(Name)* _____	**VERIFIED & APPROVED BY**: *(Name)* _____
SIGNATURE **DATE:**	**SIGNATURE** **DATE:**

Membership ID: _____ **Membership Start Date:** _____

Comments: *(If any)* _____ **Membership Valid Till:** _____

_____

Membership Application Form Version: Nov 01, 2024

To Be Returned to the Applicant for Record:

NAME OF APPLICANT: _____ **Application #:** _____

FORM SUBMITTED BY: *(Name & Signature)* _____

AMOUNT RECIEVED: $_____ Cash ☐ Cheque ☐

RECIEVED BY: *(Name)* _____

SIGNATURE: _____