



## MEMBERSHIP APPLICATION AND GENERAL DONATION FORM

### DONOR INFORMATION:

\_\_\_\_\_  
First name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email address

### I AM APPLYING FOR MEMBERSHIP FOR:

myself     other     not applicable; I wish to make a general donation

### IF OTHER:

\_\_\_\_\_  
First name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Telephone

Date of birth: \_\_\_\_\_

I agree that my donation can be made public:  yes  no

**Donation:**    \$ \_\_\_\_\_

(check made payable to "Latvian Canadian Cultural Centre")

Donor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Approved by Board:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Membership number

\_\_\_\_\_  
Signature - Chair