

NATIONAL CAPITAL DISTRICT / DISTRETTO DELLA CAPITALE NAZIONALE

1026 Baseline Road, Ottawa, ON K2C 0A6

ACTIVE INDIVIDUAL MEMBERSHIP FORM (valid for 2 years) / MODULO DI ISCRIZIONE INDIVIDUALE ATTIVO (valido per 2 anni)

APPLICATION DATE:

MM	DD	YYYY

NAME:

LAST NAME	FIRST NAME

HOME ADDRESS
(WITH POSTAL CODE):

E-MAIL ADDRESS:

PHONE NUMBER:

MOBILE NUMBER:

HAVE YOU BEEN AN ACTIVE MEMBER OF THE NCIC (OTTAWA DISTRICT) IN THE PAST?

YES | NO

PLEASE EXPLAIN THE REASON(S) FOR SEEKING ACTIVE MEMBERSHIP WITH THE NCIC (OTTAWA DISTRICT) THIS YEAR. (OPTIONAL)

ARE YOU CURRENTLY A MEMBER OF AN ITALIAN CANADIAN ASSOCIATION, CLUB OR ORGANIZATION?

YES | NO

IF YES, PLEASE EXPLAIN YOUR ROLE - OR POSITION HELD:

SIGNATURE (I certify that I am 18 years of age or older)



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FOR BOARD USE ONLY

MEMBERSHIP NUMBER:

APPROVED BY

APPROVAL DATE (MM/DD/YYYY)