

Membership Registration Form

New Membership		Membership Rer	newal [Information Up	odate 🗌		
Membership No. :			Regis	tration Date:	: (MM)	(DD)	(YYYY)	
Miss Ms. [Mrs. □	Mr.		(MIMI)	(66)	(1111)	
IVII35 IVI3		/ii5. ∐	IVII.					
Name: First Name Last Name					Name in other Language:			
Age Group Under 16] 25 44	AE EA □ EE EC	. □ leo e4 □	7 Journ 65 [
	10-19[20-24	25-34] 33-44 [_]	45-54 55-58	00-04		
Membership Fee: 19 yr or under / (\$1	∩\	20 yr to F	50 vr / (9	20)	60 vr.or.	Over / (\$10) [
Residential Address:	о, Ш	20 yi to c	70 yi / (c) <u> </u>	00 yi 0i v	σνει 7 (φτο) [
Resideriliai Address.								
Street			City		Province	Postal Co	do.	
Mailing Address: (if dif	forent from	residential addu	•	nva)	Province	Postal Col	ue	
vialing Address. (ii dii	iciciii iioiii	r residential addi	CSS abi	, (i)				
			0''					
Street			City	_	Province	Postal Co		
Contact Phone No.:				Em	nail:			
Status in Canada: Citi Lo	zen □ cal Born □	Permane Others _						
Years in Canada:	ye	ears						
Language(s) used: Eng	glish 🔲 🛭 Fre	ench Others:						
Country of origin:								
Immigration Category:								
Business Provincial Nominee [ed Worker 🗌 _		Family Cla	ass 🗌	Tempo	orary Resident	
Provincial Nominee L Refugee Class (C	_ Live }overnment	⊬in Caregiver ∐ Assisted □L Priv	zately Sr		Experience Class L]]) Other	П	
-		·						
Please indicate the p	-	join membersh	ıip		Years as a S.U.	.C.C.E.S.S. M	lember	
To support S.U.C.C.E.S.S.					years			
☐ To join S.U.C.C.E								
☐ To enjoy member	ship bene	ifits						
Others:			_ .					
S.U.C.C.E.S.S. respects the S.U.C.C.E.S.S. organization							nip program withi	
, hereby, agree to rece	ive S II C C	FSS's mamba	rshin na	welattore				
			-	wsietters.				
S.U.C.C.E.S.S. membership								
l, hereby, consent to S.U.C. within S.U.C.C.E.S.S organ		ecting and using my	personal	information prov	ided herein for adminis	tering the member	ership program	
Signature :				Date) :			
			ffice Us					
Registration				Expiry				
Date:	(M)	` '	(Y)	Date	(M)	(D)	(Y)	
Number of year(s):		Amount Paid:			Receipt No.:			
Application Office:		Department ar	nd/or P	rogram:	Staff Name:			

For membership inquires please contact Membership Office at 604-408-7260