



New Membership

Membership Renewal

Information Update

Membership No. :	Registration Date: (MM) (DD) (YYYY)
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Miss Ms. Mrs. Mr.

Name: _____ Name in other Language: _____
First Name Last Name

Age Group | Under 16 | 16-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-59 | 60-64 | Over 65

Membership Fee:
19 yr or under / (\$10) 20 yr to 59 yr / (\$20) 60 yr or Over / (\$10)

Residential Address:

Street City Province Postal Code

Mailing Address: (if different from residential address above)

Street City Province Postal Code

Contact Phone No.: _____ Email: _____

Status in Canada: Citizen Permanent Resident
Local Born Others _____

Years in Canada: _____ years

Language(s) used: English French Others: _____

Country of origin: _____

Immigration Category:

Business Skilled Worker Family Class Temporary Resident
Provincial Nominee Live-in Caregiver Canadian Experience Class
Refugee Class (Government Assisted | Privately Sponsored | Landed in Canada Other

Please indicate the purpose to join membership

Years as a S.U.C.C.E.S.S. Member

- To support S.U.C.C.E.S.S.
- To join S.U.C.C.E.S.S. programs
- To enjoy membership benefits
- Others: _____

_____ years

S.U.C.C.E.S.S. respects the privacy of its members. We collect and use members' information for administering the membership program within S.U.C.C.E.S.S. organizations. We will not disclose members' information to any third party without members' consent.

I, hereby, agree to receive S.U.C.C.E.S.S.'s membership newsletters.

S.U.C.C.E.S.S. membership fee is **non-refundable**.

I, hereby, consent to S.U.C.C.E.S.S. collecting and using my personal information provided herein for administering the membership program within S.U.C.C.E.S.S organizations.

Signature : _____ Date : _____

For Office Use Only					
Registration Date:	(M)	(D)	(Y)	Expiry Date	(M) (D) (Y)
Number of year(s) :	Amount Paid:			Receipt No.:	
Application Office:	Department and/or Program:			Staff Name:	

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