

Membership Number _____

(FOR GCA USE ONLY)

[] MEMBERSHIP [] New Address

APPLICATION FOR THE MEMBERSHIP IN GCA

GUJARATI CULTURAL ASSOCIATION OF OTTAWA

(A NON-PROFIT ORGANIZATION ESTD. IN YR; TAX I.D. # NO)

NAME (Primary): _____

SPOUSE'S NAME _____

Other Family Members _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TEL.: (____) _____ Email: _____

Individual membership is for any single person, 18 years or older. Family membership is limited to self, spouse, dependent children, retired parents and dependent full time students (ages 18 to 24 with student I.D.), currently living with you.

LIST ADDITIONAL DEPENDENT MEM. PLEASE INDICATE FULL NAME AND WRITE **CLEARLY**

Member Number	First Name	Last Name	Relationship	Age
1				
2				
3				
4				
5				
6				

I, while participating in any GCA event, or any members of my family, or guests that participate, release GCA and their board members and officers from any and all liabilities for injury and/or damage to any person or property. I also give my authority and permission to GCA for taking any and all actions which seems necessary in the event of injury and/or damage to persons or property. I have read and fully understood the terms of this liability release.

SIGNATURES:

PRIMARY

MEMBER: _____ SPOUSE: _____ DATE: _____

Type of Membership	Single/ Student	Family	Seniors (65 years and older)	Total Amount
Annual Dues	\$15 CDN	\$40 CDN (\$35 if before Aug 31, 2010)	\$15 CDN	

GCA USE ONLY	
TYPE OF PAYMENT	AMOUNT
CASH	\$ _____ -
CHECK NUMBER _____	\$ _____ -

***If you are applying as single member, then you CAN NOT add any additional members ***

MAKE CHECK PAYABLE TO G.C.A.

MAIL COMPLETED APPLICATION FORM AND YOUR CHECK

TO: P.O. Box 5678 Station "F" Ottawa, Ontario K2C 3M1

E-MAIL: gca@gcaottawa.ca