



REGISTRATION FORM (PAPER COPY)

<input type="radio"/> M. <input type="radio"/> Mrs. <input type="radio"/> Ms. Given Name, Initials and Surname _____		FOR OFFICE USE ONLY Identité établie <input type="radio"/> oui <input type="radio"/> non																		
Date of Birth (YYYY-MM-DD) _____	Preferred language of communication <input type="radio"/> French <input type="radio"/> English																			
Residential address N°, Street, app.; R.R. _____	City _____	Postal code _____																		
Telephone number _____	Email address _____	Preferred mode of communication <input type="radio"/> telephone <input type="radio"/> Email																		
Please provide the following information about someone we could contact if we are unable to reach you to get back in touch: Given Name, Initials and Surname: _____ Telephone : _____ Email : _____																				
Current marital status and family composition: <input type="radio"/> Single <input type="radio"/> Common-Law <input type="radio"/> Married and with dependents (<input type="radio"/> yes <input type="radio"/> no) If you have dependents (minors and/or parents) living with you, please add :																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Their Given name, Initials & Surname</th> <th style="width: 30%;">Date of Birth (YYYY-MM-DD)</th> <th style="width: 35%;">Relationship to you</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Their Given name, Initials & Surname	Date of Birth (YYYY-MM-DD)	Relationship to you																	
Their Given name, Initials & Surname	Date of Birth (YYYY-MM-DD)	Relationship to you																		
Payment Info: Please make cheque payable to the Burundian Community Association of Calgary																				
Total cheque amount \$ Canadian : \$ _____	Date on the cheque (YYYY-MM-DD) : _____	FOR OFFICE USE ONLY Cheque received et amount accepted <input type="radio"/> yes <input type="radio"/> non																		
Signature I declare that the information provided in this application is true and complete. I recognize that this information is governed by the Privacy Act and will only be disclosed for administrative purposes within the Burundian Community Association of Calgary (BCAC). Applicant Signature _____ Date (YYYY-MM-DD) _____																				
FOR OFFICE USE ONLY																				
<input type="checkbox"/> Accepted <input type="checkbox"/> Refused	Effective Date (YYYY-MM-DD) : _____ Signature _____ YYYY-MM-DD _____	Date reçue: (YYYY-MM-DD) _____																		

You must fill out the form clearly and mail it with your cheque to the following address:

184 Cityscape Common NE Calgary, AB T3N 0P8

If you need help filling out the form, you can call 403-499-8271