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| srilanka_flag_l | https://fbcdn-sphotos-g-a.akamaihd.net/hphotos-ak-xap1/v/t1.0-9/10502127_339597532870261_5139048536847625018_n.jpg?oh=92d579c46ee5c05bd7abf7d66089d16d&oe=547FCC6F&__gda__=1416415155_f797efd289d68b62f5f44527ce523a19 | canada_flag |
| **Sri Lanka Canada Association of Atlantic Region**  [**www.slcaar.ca**](http://www.slcaar.ca) | | |

**APPLICATION FOR SINGLE/FAMILY MEMBERSHIP**

**SURNAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF APPLICANT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BIRTH DATE**: \_\_\_\_\_\_\_\_\_\_

**NAME OF SPOUSE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BIRTH DATE**: \_\_\_\_\_\_\_\_\_\_

**NAME(S) OF DEPENDENT CHILDREN:**

**NAME** **BIRTH DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADDRESS:** **TELEPHONE NO:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Res: \_\_\_\_\_\_\_\_\_\_\_ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership in the Association is open to all residents of Nova Scotia, who are of Sri Lankan origin, their spouses and children; or who hold the same objectives of the Association and are actively committed to achieving these Objectives, as determined by the Executive Committee and subject to ratification at the next General Meeting. Members are expected to contribute and participate by undertaking tasks assigned by the Executive Committee to achieve the Objectives of the Association.

**I agree to be bound by the By-Laws of the Sri Lanka Canada Association of the Atlantic Region and to uphold the Objectives of the Association.**

**SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR EXECUTIVE COMMITTEE USE:**

PROPOSED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECONDED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_