

# United Croats of Canada, King Tomislav Branch

## ASSOCIATE MEMBERSHIP APPLICATION



Applicant Information	
First and Last Name:	
Mailing Address:	
Contact Telephone:	
Email (required):	
Date of Birth (MM/DD/YYYY):	
Application Details	
Tell us why you want to become an Associate Member of the United Croats of Canada, King Tomislav Branch:	
<p><b>Terms &amp; Conditions</b></p> <p>Associate Member's are not entitled or permitted to participate in any of the following activities or functions:</p> <ul style="list-style-type: none"> <li>a) voting at meetings of Members;</li> <li>b) election or appointment to the Board;</li> <li>c) appointment or election to an office of the Society; and</li> <li>d) holding office as director or officer of the Society.</li> </ul> <p><b>NOTE:</b> An Associate Member may apply for Full Membership after two consecutive years of Associate Membership in good standing. Applications for Full Membership must be approved by the Board of Director's</p> <p>Membership fees are due annually</p> <p>All Members must adhere to and uphold the Constitution and By-Laws of the Society</p> <p><b>Privacy:</b> Information collected in this form shall be used by the United Croats of Canada, King Tomislav Branch (UCC-KTB) in a manner consistent with the implementation of policies and procedures in the Personal Information Protection and Electronic Documents Act (PIPEDA). The UCC-KTB collects personal information for one or more of the following purposes: to administer memberships; to deliver, bill for, and collect payments for memberships; to provide meeting notifications; to promote UCC-KTB events and programs.</p>	
Applicant's Signature:	
Application Date:	

Member Endorsement	
Member Sponsor #1 Name:	Member Sponsor #2 Name:
Member Sponsor #1 Signature:	Member Sponsor #2 Signature:
Approval (For UCC KTB Board Use Only)	
President's Name:	Secretary's Name:
President's Signature:	Secretary's Signature:
Board of Director's Approval Date:	