



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: |
| Terms & Conditions |
| Associate Member's are not entitled or permitted to participate in any of the following activities or functions: a) voting at meetings of Members; b) election or appointment to the Board; c) appointment or election to an office of the Society; and d) holding office as director or officer of the Society. NOTE: 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 Directors Membership fees are due annually All Members must adhere to and uphold the Constitution and By-Laws of the Society Privacy: Information collected in this form shall be used by the United Croats of Canada, King Tomislav (UCC-KT) in a manner consistent with the implementation of policies and procedures within privacy legislation. The UCC-KT 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-KT events and programs. |
| Applicant's Signature: |
| Application Date: |



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