



Have you/your organization/company been a member of the MCC in the past? YES NO
If yes, what year: _____

THIS SECTION TO BE COMPLETED BY INDIVIDUAL MEMBER ONLY - \$ 20

FIRST NAME	LAST NAME	E-MAIL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
PHONE #	BUSINESS PHONE #	CELL PHONE #	

THIS SECTION TO BE COMPLETED BY ORGANIZATION MEMBER ONLY- \$ 60 non-profit, \$ 120 for-profit

NAME OF ORGANIZATION	DATE ESTABLISHED			
ADDRESS OF ORGANIZATION	CITY	PROV.	POSTAL CODE	EMAIL
FUNCTIONS & OBJECTIVES OF YOUR ORGANIZATION				
PRESIDENT FIRST & LAST NAME	PHONE #	E-MAIL		
VICE-PRESIDENT FIRST & LAST NAME	PHONE #	E-MAIL		
TREASURER FIRST & LAST NAME	PHONE #	E-MAIL		
DOES YOUR ORGANIZATION HAVE A PERFORMING ARTS? YES NO				
NAME OF GROUP	TYPE OF GROUP			
NAME OF CONTACT PERSON	PHONE #	E-MAIL		

CHECK ALL THAT APPLY:

- I give my consent to receive emails from the Multicultural Council. I will be able to unsubscribe at any time.
- Our organization/company gives consent to receive emails from the Multicultural Council. Any member will be able to unsubscribe at any time.
- As an MCC member, I allow you to print my name in the year end Gazette.

SIGNATURE OF APPLICANT _____

DATE: _____

All information provided on this form will be kept confidential and used for internal purposes only. We will not provide or disclose the data to third parties without your consent. MEMBERSHIP IS VALID FOR ONE CALENDAR YEAR.

FOR THE MCC USE ONLY NEW RENEWAL **PAID BY:** CASH CHEQUE CREDIT CARD

DATE MEMBERSHIP APPLICATION RECEIVED _____ **DATE MEMBERSHIP APPLICATION APPROVED** _____