



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.

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 _____