

Markham African Caribbean Canadian Association

505 Hood Road Unit 5, Markham, Ontario L3S 5V6

Phone: 905-946-9998 • Email: maca1987@rogers.com

www.macca1987.com



Membership / Renewal Application

GENERAL INFORMATION:

Member 1: _____

Member 2: _____

Member 3: _____

Member 4: _____

Address: _____

Apt. /Unit#: _____ Town/City: _____ Province: ON

Postal Code: _____ Nearest Intersection: _____

How did you hear of **MACCA**? [] Friend/Family [] Advertising [] Renewal/ Other _____

Do you have children attending Saturday School: [] Yes [] No [] N/A

CONTACT INFORMATION:

E-mail Address: _____

Mailing Address: _____

Res. Phone #: _____ Work Phone#: _____

Cell Phone #: _____ Fax #: _____

COMMITTEE PARTICIPATION/ INTEREST: (Please check or "x" all that apply.)

[] Health & Social Issues

[] Youth Program

[] Communications

[] Membership

[] Education & Youth (Saturday School)

[] Special Events

[] Fundraising

[] Volunteer – Various Areas _____

Personal Skills/Interests/Other: _____

Applicant _____ Date _____

January 2014

Fee Structure	
(Indicate total in applicable bracket)	
Annual Membership Fee	
January 1 st to December 31 st	
Adult	\$25.00 []
Youth	\$15.00 []
Seniors	\$15.00 []
Family	\$35.00 []

MACCA Office Use ONLY

Membership Payment

[] Cheque [] Cash

Cheque. # _____

Amount \$ _____

Date _____

Received _____