



Canadian Slovak League

Application for Membership

Please accept this application for membership in the **Canadian Slovak League**.

As a new member under the age of 18 at no cost for the first calendar year.

As a new member over the age of 18 at \$20.00 for the first calendar year.

(Renewed membership (child or adult) is \$20.00 per calendar year).

Enclosed is the sum of \$_____ for the applicable membership fee for the year ending December 31, 20_____.

Name: _____	Date of birth: _____	
Address : _____		
City: _____	Province: _____	Postal code: _____
Telephone: _____	E-mail: _____	
I am a Canadian citizen or permanent resident of Canada of Slovak origin, or the spouse thereof.		
I agree to be governed by the By-Laws of the Canadian Slovak League.		
Signature of applicant: _____	Date: _____	

Acceptance by the Branch Executive Committee:

Applicant is **accepted** by Branch number _____ in _____. Date: _____

Signatures of Branch President: _____ and Branch Secretary: _____

Mail the application to: **Maria Dinga, Secretary**
Canadian Slovak League
164 Westwood Crescent
Welland ON L3C 4R3

Confirmation by the Board of Directors:

The Board of Directors **confirms that** _____ **is** a member of the Canadian Slovak League **from the date of acceptance by the Branch Executive Committee.**

Signatures of CSL President: _____ and CSL Secretary: _____