



KCWA Family and Social Services 캐나다 한인 여성회

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MEMBERSHIP APPLICATION FORM

• Name: Mr./Mrs./Miss/Ms. _____

• E-mail: _____

• Mailing Address _____

• Phone Number: Home _____ - _____

Business(Cellphone) _____ - _____

Do not want to receive newsletter

1. Life membership \$ 200

Here I have enclosed my life membership fee of \$200 to be a life member of the KCWA Family and Social Services.

Date: _____

Signature : _____

2. One year membership \$ 20

Here I have enclosed my membership fee of \$20 to be an annual member of the KCWA Family and Social Services.

Date: _____

Signature : _____