

**AFRICAN ASSOCIATION OF NIAGARA
Membership Application and Registration Form**



*Please print and submit completed form with your registration fee and dues to:
The Secretary
African Association of Niagara
85 Church Street (Multicultural Center)
St. Catharines, Ontario.
L2R 3C7*

Or at our meetings

First Name: _____ Initials: _____ Surname: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email address: _____

Gender: _____

Interest & Hobbies: _____

In case of emergency

Contact Person: _____ Phone: _____

Relationship: _____ Date: _____

Signature: _____

Annual Membership dues:

Family: \$30.00

Single working person: \$20.00

Students: \$10.00

New registration fee: \$5.00 (one time payment)