



OPLENAC

Serbian Cultural Association of Metropolitan Toronto and
Mississauga
895 Rangeview Rd.
Mississauga, ON L5E 1H1

MEMBERSHIP APPLICATION

Applicant's Name _____
Street _____
City, Province _____
Postal Code _____
Phone/Fax _____
E-Mail _____
Slava _____

I hereby declare, that I am familiar with the objectives and aims of Oplenac Serbian Cultural Association of Metropolitan Toronto and Mississauga. I agree with the same and wish to become a member so that I can help the realization of the above mentioned objectives.

I undertake that I will abide by the by-laws and decisions of the Oplenac Board of Directors.

Dated this ____ day of _____ 200____, in Mississauga, Ontario.

Applicant's Signature _____

Endorsed by:

Member's Name

Member's Name

Member's Signature

Member's Signature

Attached: Cash, cheque, money order, for membership fee

Application **Accepted**

Application **Rejected**

Date of acceptance/rejection of this application _____ 200____

Secretary's Signature

President's Signature