



Imatari Otuho Community Association

Unit 210, 2949 17th Avenue SE | Calgary, AB T2A 0P7

Membership Application

APPLICANT'S PERSONAL INFORMATION		
Legal Name:		SIN (optional):
Date of birth:	Primary phone number:	
Current address:		
City:	Province:	Postal Code:
EMPLOYER INFORMATION		
Current employer:		
Employer address:		
Phone:		Fax:
City:	Province:	Postal Code:
EMERGENCY CONTACT INFORMATION		
Legal Name:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship to applicant:		
SPOUSE INFORMATION IF MARRIED		
Legal name:		
Date of birth:	Phone:	
REFERENCE		
Name	Relationship	Phone
DEPENDENTS (IF MEMBERSHIP PRIVILEGES DESIRED)		
Please complete the accompanying dependents' form for household members who are below 18 years of age and attach to this application form.		
SIGNATURES		
This is a testimonial that I, _____, have read and understood IOCA's constitution (or its translated version). By signing below, I am aware that I am committing to uphold and abide by its most current version. I am also authorizing the use of my personal information and non-refundable registration and membership fees, as well as donations of any form, strictly for IOCA's corporate purpose.		
Applicant's signature:		Date: