



# Association of Pakistani Canadians

Winnipeg Manitoba



## MEMBERSHIP FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Home Address with Postal Code: \_\_\_\_\_  
\_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership Type: (General / Associate) *(Please circle one)*

Family (\$50.00)

Single (\$ 30.00)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Membership is valid from  
April, 01 to March 31 of every year*

For Office Use Only:

Membership No. \_\_\_\_\_

\_\_\_\_\_  
General Secretary

\_\_\_\_\_  
President

*(Please print out this form and send it with fee to 348 Ross Avenue Winnipeg MB R3A0L4)*