



FAMEE FURLANE OF VANCOUVER

2605 East Pender Street

Vancouver, B.C. V5K 2B6

Canada tel: 604-253-6437

www.fameefurlanevancouver.com

APPLICATION FOR MEMBERSHIP

Family Name: _____ First Name: _____

Spouse Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone No. : _____ E-Mail: _____

Date of Birth: _____ Spouse DOB _____

Town/Country of Birth Member: _____

Spouse: _____

Date or Year (approximate) you joined the Famee Furlane Member: _____

Spouse: _____

Type of Membership

- 1)-Family Membership : \$ 50.00/Year
- 2)-Single Membership: \$ 35.00/Year
- 3)-Widow Membership: \$ 25.00/Year

Children's Name and Age (family membership only): _____

Please note: Children 19 years old and up must pay their own Membership

Signature: _____ Date: _____

Committee Approval: _____ Date: _____

Please note this information will be kept Confidential