

# BRAZILIAN COMMUNITY ASSOCIATION OF ALBERTA

Please email this application for to [info@bcaab.org](mailto:info@bcaab.org) or send a message asking for an address to send it by mail to the following address: P.O. Box 61375, Calgary AB T2L2K6  
403-614-7003

## Membership Application

Individual: \$12 (1 year) and Family: \$ 24 (1 year)

### Applicant Information

Name:		
Date of Birth:	Phone:	E-mail:
Current Address:		
City:	Province:	Postal Code:

### Employment Information

Current Employer:		
Employer Address:		
Phone:	E-mail:	Profession:
City:	Province:	Postal Code:
Position:		

### Emergency Contact

Name of a relative not residing with you:			
Address:			
City:	Province:	POSTAL CODE:	Phone:
Relationship:			

### Spouse Information, if joint membership

Name:		
Date of Birth:	Phone:	E-mail:

### Spouse Employment Information

Current Employer:		
Employer Address:		
Phone:	E-mail:	Fax:
City:	Province:	POSTAL CODE:
Position:		

### Children, if membership privileges desired

Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:

Signature of Applicant:	Date:
Signature of Spouse, only if for a joint membership:	Date:

How did you hear about the Association? \_\_\_\_\_

How would you like to help the Association? \_\_\_\_\_

Would you be able to volunteer? \_\_\_\_\_

- Administrative
- Bingos, Games e etc...
- Sports
- Reading
- Writing
- Drama, music, arts, cooking, etc
- Driving
- Support to Brazilian newcomers
- Other \_\_\_\_\_