



# CSI CHRIST CHURCH TORONTO

## MEMBERSHIP FORM

Name:

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Address:

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Telephone:

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E-mail ID:

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### Family Information

NAME	Birthday dd/mmm/yy	Wedding Anniversary	Relationship to the above name	Age		Voters List Yes/ No **
				Below 18yrs	Above 18yrs	
<i>HOF</i> *			SELF			
			WIFE			
			SON/DAUGHTER			
			SON/DAUGHTER			
			SON/DAUGHTER			
			SON/DAUGHTER			

\* Head of the Family

Approved:

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

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

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

**Note: Please pay the yearly membership fees of \$100/- per family along with this form filled in. Each earning child is also required to pay \$50/- same as a single member.**

**\*\*Members who are 18 years of age and above, who wish to keep their names in the voter's list and are willing to attend all General Body Meetings, please mark "Yes" in the Voters List Column. Those who cannot attend the GB Meetings and your absence will affect the quorum of the meeting, please mark "No" in the voters List Column.**