



Membership Form

Date: _____

Surname: _____ First Name: _____

Spouse's Name: _____

Address: _____

City: _____ Province/State: _____

Postal Code/Zip: _____ Telephone Number: _____

E-mail: _____

- Membership Type: Senior (65 & Over) - \$ 8
 Family - \$25
 Single (21 & Over) - \$15
 Youth (Under 21) - \$ 8

Payment Method: Cheque VISA MasterCard AMEX

Credit Card Number: _____

Expiry Date: _____ Amount to Charge: _____

Signature: _____

All Membership cheques should be made payable to Sindhi Cultural Association of Toronto or S.C.A.T. Please indicate year of membership in the memo line of cheques.

All membership dues received are valid for the period of January to December (1 full calendar year), regardless of which month the dues are collected. For further information, please contact a Board Director. Information is also available on our website: www.sindhisofteronto.com