

**GAMBELLA COMMUNITY MEMBERSHIP FORM AND STATISTICS  
ANNUAL COMMUNITY MEMBERSHIP FEE (\$120) Monthly (\$10)**

Last Name		First Name		Middle Name			
Mailing Address			Date of Birth	Day	Month	Year	
City/Town		Province	Country	Postal Code			
Telephone (Home) ( )		Telephone (Business) ( )		Cell ( )			
Fax ( )		Email Address					

<b>Marital Status:</b> Circle one: Single Divorced Common-law Widowed Married Separated
<b>Immigration Category:</b> Independent Investor Family Refugee Other
<b>Gender:</b> Male Female <b>Mother Tongue:</b> Nationality:
<b>Arrival Date in Canada: Country of Birth:</b>

**Children**

Last Name	First Name	Date of Birth	Male	Female

<p>Certifications I certify that all the statements and information provided in this form are, to the best of my knowledge true and correct.</p> <p>Signature _____ Date: _____</p>
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<p>Membership number: _____ Valid From: _____ To: _____</p> <p>Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Receipt No: _____</p> <p>Payment received by: _____ Membership amount: \$ _____</p>
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