**Canadian Japanese Cultural Centre of Hamilton Membership Application Form**

**Type of Membership requested:** Single……………………………………………$30

Family/Dual (includes dependent children ***under*** 18 years)................͘......... $50

Senior individual (65 years of age or older)...................................................$20

Senior Dual (both 65 years and older)...........................................................$40

**Adult 1**

Last Name:

First Name:

Address:

City: Province: Postal Code

Contact Phone: Email:

**Adult 2** Last Name: First Name:

Contact Phone: Email:

**Child 1** Last Name: First Name:

**Child 2** Last Name: First Name:

**Child 3** Last Name: First Name:

**Child 4** Last Name: First Name:

**Please list Programs of Interest:**

**Payment methods:**

🕘 Preferred method: Cash, e-transfer to hamcjcc@gmail.com.

If required: cheque payable to “Canadian Japanese Cultural Centre Hamilton ”

***For Office use only:***

Membership #: Amount Paid: Payment Method:

**Date Received**: Receipt #:

 *August 2023*