

UCPBA MEMBERSHIP APPLICATION

Ukrainian Canadian Professional and Business Association of Toronto

<u>Personal Data</u>
Mr ____ Mrs ____ Ms. ____ Dr ____
Name _____
Address _____ _____
Apt # _____
City _____ Prov _____
Postal Code _____
Tel () _____
E-mail _____

<u>Professional Data</u>
Position _____
Employer _____
Business Address _____ _____
Suite # _____
City _____ Prov _____
Postal Code _____
Tel () _____
E-mail _____

\$50 per person

Method of Payment

_____ **Cash** _____ **Cheque** _____ **MasterCard** _____ **Visa**

Credit Card # _____ Expiry Date _____

Signature _____

Please Note:

- Please print out and complete this form, include payment and mail or email to:

**UCPBA of Toronto,
620 Spadina Avenue,
Toronto, Ontario, M5S 2H4
Email: ucpbator@gmail.com**