

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 _____

➤ Mailing Preference: Home _____ Business _____ E-mail _____

Types of Membership -- Special offer for balance of 2009

____ **Individual \$50** ____ **Spousal (2 x \$50) \$100** ____ **Senior \$50**

Membership period is January 1 to December 31 of each year.

Regular membership rates are \$100.00, \$150.00 and \$75.00

Method of Payment

____ **Cash** ____ **Cheque** ____ **MasterCard** ____ **Visa**

Credit Card # _____ Expiry Date _____

Signature _____

➤ 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**