NIAGARA CHAPTER - NATIVE WOMEN INC.

M E M B E R S H I P F O R M Date: _____

Please Print:

Name: _____

Address: _____

City/Prov.: _____

Postal Code: _____ Phone: _____

Birth date: _____ (year is optional, of course)

Email: _____

If you have children **16 and under**, please list below:

First Name	Last Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE CIRCLE AMOUNT:

Family ……$10.00
Single …….$ 5.00
Elder (60-69) …….$ 2.00
70 and over ……FREE
Associate ……..$ 2.00(non-native, non-voting or male)

MAIL/DROP OFF TO:

Niagara Chapter - Native Women Inc.
1088 Garrison Road,
Fort Erie, Ontario, L2A 1N9
Phone:905-871-8770 / Fax:905-871-9262

Office Use Only:

Payment: Cash _____ Cheque # _____ Membership # _____

Total Amount: $_____ Date Card Mailed: _____